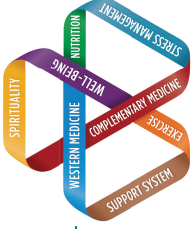


MY CHOICES Weekly Action Planning Calendar ©



Motivating message of the week:

Week of:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

What are my health care needs this week?

What am I looking forward to this week?

What am I grateful for this week?

Did I achieve my weekly plan? If yes, what is the outcome? If no, what got in the way?

My Weekly _____

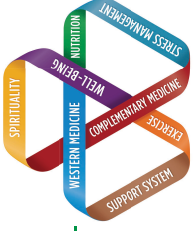
Action Plan

2. Goal:

3. S.M.A.R.T. Action Plan:

4. Support Person:

MY CHOICES Weekly Action Planning Calendar ©



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Week of:

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MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

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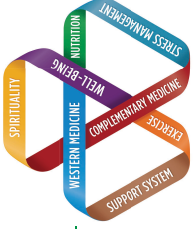
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Week of:

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MONDAY

TUESDAY

WEDNESDAY

THURSDAY

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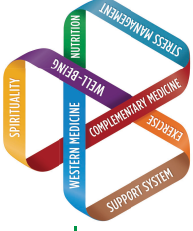
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