ACTION PLAN

| | DATE: |
|---|--|
| My goal | |
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| Things I need to get started | Who/what can help me accomplish it ? |
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| Step by step - What I need to do to achieve my goal | |
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| ACHIEVE BY: | |
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| Horr I will identify my grooos | |
| How I will identify my success | |
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| | ACCOMPLISHED! 🗐 |

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