Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Health 8: AP10 Action Planning **Action Plan**

**Elements of Effective Action Plans**

|  |
| --- |
| **WHO** |
| * Who is the action plan targeted at? * Who might be involved? * Who else could help? * Who needs to be contacted for approval? * Who is your support person? |
| **WHAT** |
| * What needs to be done? * What needs to be done first? * What might be done by others? * What resources are needed? * What is our goal? |
| **WHERE** |
| * Where might this action plan take place? * Where might we advertise it (if applicable)? * Where might we get help? |
| **WHEN** |
| * When might we plan to start? * When might we plan to finish? * When might we know that we have been successful? * When might we have time to work on the details? * When will we check in with support persons? |
| **WHY** |
| * Why is it a good idea? * Why is this action plan needed? * Why have we never tried this idea? * Why will this idea work? * Why will this idea overcome obstacles? |
| **HOW** |
| * How might we tell others about our plan? * How might we involve others? * How might we fund the action plan? * How might we judge the success of our action plan? * How might we reward ourselves when we complete the plan? * How will we reach our goal? |

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| --- |
| **Challenge/Goal Statement** |
| My goal is to support  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (name of peer)  by  for one week beginning on  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  and ending on  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Health 8: AP10 Action Planning **Action Plan**

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| --- |
| **WHO** |
|  |
| **WHAT** |
|  |
| **WHERE** |
|  |
| **WHEN** |
|  |
| **WHY** |
|  |
| **HOW** |
|  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Health 8: AP10 Action Planning **Action Plan**

|  |  |
| --- | --- |
| **Challenge/Speed Bump** | **Possible Solution** |
|  |  |
| **Challenge/Speed Bump** | **Possible Solution** |
|  |  |
| **Challenge/Speed Bump** | **Possible Solution** |
|  |  |

**Interview Process:**

**Name of Adult Who Reviewed Your Plan:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Peer Who Reviewed Your Plan:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Health 8: AP10 Action Planning **Action Plan**

**My Action Plan “Supporting Others”:**

**Self-Reflection**

**Complete following the COMPLETION of your Action Plan:**

1. Which parts or aspects of your Action Plan went well or were a benefit? Be sure to fully explain.
2. Which parts of your Action Plan did not go as planned or were a challenge? Be sure to fully explain.
3. What would you do differently next time in your planning or how you responded to your challenges?