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?
 |

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

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

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

|  |
| --- |
| **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?