

# Practice Journal

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

**Specific Goal:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*What do I plan to do to accomplish this goal?*

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*How many minutes do I think it will take to accomplish this goal?* \_\_\_\_\_

**Assessment (Date: \_\_\_\_\_)**

*How many minutes have I spent trying to accomplish this goal?* \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> <i>I accomplished my goal</i>                       | <input type="checkbox"/> <i>My plan to accomplish this goal needs adjustment (make a new plan)</i> |
| <input type="checkbox"/> <i>I am on my way to accomplishing my goal</i>      | <input type="checkbox"/> <i>The goal I set is beyond my ability for now</i>                        |
| <input type="checkbox"/> <i>I need a lot more time to accomplish my goal</i> | <input type="checkbox"/> <i>Other: _____</i>   |

**Specific Goal:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*What do I plan to do to accomplish this goal?*

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*How many minutes do I think it will take to accomplish this goal?* \_\_\_\_\_

**Assessment (Date: \_\_\_\_\_)**

*How many minutes have I spent trying to accomplish this goal?* \_\_\_\_\_

- |  |  |
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| <input type="checkbox"/> <i>I need a lot more time to accomplish my goal</i> | <input type="checkbox"/> <i>Other: _____</i>   |