

My Team (cont.)

Nutrition Team

Who will help me:

What they will do to help me:

When they will help me:

Coaching Yourself

Week 9/21

Physical Activity

Negative Statement:

Positive Rewrite:

Nutrition

Negative Statement:

Positive Rewrite:

Progress Tracking for Physical Activity

(circle one)

Week 7/19

Week 10/22

Not Started	Doing a Little Bit	Sometimes Yes and Sometimes No	Most of the Time	Yes! Always
1	2	3	4	5
1	2	3	4	5

Progress Tracking for Nutrition

(circle one)

Week 8/20

Week 11/23

Not Started	Doing a Little Bit	Sometimes Yes and Sometimes No	Most of the Time	Yes! Always
1	2	3	4	5
1	2	3	4	5

Long-Term Goals

I want to be better at (circle one or two):

-  **baseball**
-  **basketball**
-  **bicycling**
-  **cheerleading**
-  **dance**
-  **football**
-  **golf**
-  **gymnastics**
-  **healthy body**
-  **high energy**
-  **hockey**
-  **karate**
-  **lacrosse**
-  **running (track)**
-  **skating**
-  **soccer**
-  **strong muscles**
-  **swimming**
-  **tennis**
-  **volleyball**



Youth Fit 4 Life [AGES 9-12]

MY GOALS Activity Sheet

Name _____

Short-Term Goals

Week 2/14

Physical Activity Goals — I want to (circle one):

- Be stronger
- Run faster
- Increase endurance/fitness
- Be more flexible

Nutrition Goals — I want to (circle one):

- Drink more water
- Eat more whole grains
- Eat more fruits and vegetables
- Eat breakfast daily
- Have more low-fat dairy

Action Plan

Week 3/15

Physical Activity Action Plan

How I will work on my short-term physical activity goal

I will: _____
(This is my action plan)

(Examples: run, shoot baskets, dance, play soccer, stretch; practice splits; walk the dog; ride my bike, etc.)

When I will work on my action plan (Circle one or two, or write your own)

- | | | | |
|------------------|---------------|----------------|---------|
| Before breakfast | Before school | At school | _____ |
| After breakfast | Before dinner | After dinner | (Other) |
| After school | Before bed | On the weekend | |

How often I am working on my action plan now

Times per week (circle one) 0 1 2 3 4 5 6

How often I want to be working on my action plan four weeks from now

Times per week (circle one) 1 2 3 4 5 6 7

Action Plan (cont.)

Week 4/16

Nutrition Action Plan

How I will work on my short-term nutrition goal

I will: _____
(This is my action plan)

(Examples: make half my plate fruits and vegetables; choose low-fat plain milk; choose dark green, red and orange vegetables; choose whole grain pasta and bread; choose baked and broiled protein foods; carry a water bottle; have breakfast with 3 different food groups; pick balanced snacks, etc.)

When I will work on my action plan (Circle one or two, or write your own)

- | | | | |
|------------------|---------------|----------------|---------|
| Before breakfast | Before school | At school | _____ |
| After breakfast | Before dinner | After dinner | (Other) |
| After school | Before bed | On the weekend | |

How often I am working on my action plan now

Times per week (circle one) 0 1 2 3 4 5 6

How often I want to be working on my action plan four weeks from now

Times per week (circle one) 1 2 3 4 5 6 7

My Team

Week 5/17

Physical Activity Team

Who will help me: _____

What they will do to help me: _____

When they will help me: _____