CHOICE C.R.O.S.S.ROADS™ Planning Sheet

Name:_________________________________________ Date:____________________

1) Choice Option/s Selected from C.R.O.S.S.ROADS™ Decision-Making Process:

__________________________________________________________________________

2) Plan for personal effort to make my choice happen:

<table>
<thead>
<tr>
<th>Who</th>
<th>What effort on my part?</th>
<th>When (Date)</th>
<th>Done (Date)</th>
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3) Evaluate progress. Check one: ___Daily ___Weekly ___Monthly ___Every ___day ___Other: ____________________________

Method for evaluating progress:__________________________________________________________

__________________________________________________________________________

4) Date for Review and Revision if needed:______________________________

5) Progress Accountability: (Optional)

____ Accountability Partner will be: (Select one or more as appropriate: Classmate, Teacher, Parent, Other)

_________________________________________  ______________________________
Name                                          Signature