



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:

Who	What effort on my part?	When (Date)	Done (Date)

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)

Accountability Partner

Signature