

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Progress Accountability:

\_\_\_ Accountability Partner will be: (Select one or more as appropriate)

Name	Signature
___ Classmate: _____	_____
___ Teacher: _____	_____
___ Parent: _____	_____
___ Other: _____	_____