

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

Name: _____ Date: _____

1) 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)

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