Name: Date: Wellness Plan My Wellness vision What Motivates Me My Strengths My Weaknesses My Challenges **Goals** 3 Months goal 1. 2. 3. 4. 5. Comments: Month 1 - Week One Week Two 1. 1. 2. 2. Comments: Comments:

Week Four

Comments:

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2.

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Week Three

Comments:

1.

2.

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