

Attention Deficit Disorder Action Plan

CHOOSE GOALS TO BE WORKED ON:

____ Taking medication daily

____ Completing assigned house hold chores

____ Completing schoolwork assignments

____ Getting along with other family members and friends

____ Learning to listen better to other people especially my parents and teachers

1). What will you do to accomplish this goal? _____


2). When will you do it? _____

3). Where will you do it? _____

4). How will you accomplish your goal? _____

CHOOSE YOUR CONFIDENCE LEVEL:

This is how sure I am that I will be able to accomplish my goals that I have chosen for my action plan:

1	2	3	4	5	6	7	8	9	10
									
Totally Unconfident	A Little Confident	Somewhat Confident	Very Confident	Extremely Confident					

Signature _____ Date _____