

# My Health Plan

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

## Health Self-advocacy Goals

1. Use My Medical Appointment when I visit the doctor

2. \_\_\_\_\_

3. \_\_\_\_\_

## Physical Activity Goals

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Nutrition Goals

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Home Safety Goals

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Hygiene Goals

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Emotional/Social Goals

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_