

Your Name: \_\_\_\_\_  
 LIST 3 GOALS YOU WISH TO HAVE RELATED TO YOUR HEALTHY FOOD AND ACTIVITY PLAN  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_



<b>Date</b>							
<b>Breakfast</b>							
<b>Snack</b>							
<b>Lunch</b>							
<b>Snack</b>							
<b>Dinner</b>							
<b>Snack</b>							
<b>Exercise</b>							

Your Name: _____
LIST 3 GOALS YOU WISH TO HAVE RELATED TO YOUR HEALTHY FOOD AND ACTIVITY PLAN
1. _____
2. _____
3. _____



**Weekly Notes:**

**To Do List:**

**List New Recipe to Try:**

**Write Groceries Needed Here:**