

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

Period: \_\_\_\_\_ Teacher: \_\_\_\_\_ Counselor: \_\_\_\_\_

### **My Plan for Getting It Together**

List four (4) areas where you need to be better organized and a plan for doing it.

Example: **Problem:** I need to not wait until the last minute to begin long-term projects.  
**Plan:** I am going to create a calendar of tasks to be completed for the project and check my progress daily.

Problem #1: \_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_

Problem #2: \_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_

Problem #3: \_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_

Problem #4: \_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_

**Share this plan with your parent(s) and return this assignment to your school guidance counselor.**

**Parent/Guardian Signature:** \_\_\_\_\_