

HEALTH COURSE CHALLENGE WAIVER

PERSONAL HEALTH PLAN TEMPLATE

Student Name _____ High School _____

High School Health Teacher _____ Waiver Year _____

Directions: Use your risk analysis paper to write a minimum of **10 personal health goals** that promote wellness. Include goals in each of the following categories: hereditary, behavioral, and environmental. Type your goals.

A goal is something you aim for that takes planning and work. It can be short-term (goal that you can reach in a short period of time or long-term (goal that you plan to reach over an extended period of time). Often, short-term goals are steps in a plan to achieve a long-term goal. Some goal setting guidelines to remember:

- Set specific, realistic goals. (State your goal as something positive. This will help motivate you.)
- List the steps you will take to reach your goal. (Look for ways to break your goal into smaller, short-term goals.)
- Identify sources of help and support. (Such sources might include friends, family members, peers, teachers, or neighbors.)
- Set a reasonable time frame for reaching your goal. (Put it in writing.)

Personal Health Goals

Hereditary Health Goals:

Behavioral Health Goals:

Environmental Health Goals:

Directions: Describe your monitoring system for your personal health goals. Type your monitoring system.

- ❑ Set up a monitoring system for evaluating your progress. (Establish periodic checkpoints to see how you are progressing to enable you to make any necessary adjustments that will help you reach your goal.)
- ❑ Create rewards for yourself for achieving your goal. (Enjoy the personal satisfaction reaching a goal brings. You might celebrate your achievement with your family or friends.)

Monitoring System

Hereditary Health Goals:

Behavioral Health Goals:

Environmental Health Goals:

Download the rubric and make an appointment with your personal health care provider or school nurse, well in advance of the due date, to have a conversation about your goals. Have them score your Personal Health Plan on the Personal Health Plan Scoring rubric and sign as appropriate to document this contact.

Signature – Health Care Provider or School Nurse

Date

Printed Name – Health Care Provider or School Nurse

*Submit this health plan and completed scoring rubric to the high school health teacher by the Health Course Challenge Waiver due date for the current school year.