

MY ACTION PLAN (MAP)

Name:

Goal:	By what date:
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Savings calculations:	Total \$\$ Needed	Number of months to save	Amount to Save Each Month

ACTION STEPS What do I need to do, learn or find out?	Done?

Notes:

How I like to learn: ☐ Printed materials ☐ Internet websites ☐ Individual instruction ☐ Classroom training/workshops