

HEALTH DEVELOPMENT PLAN

Name: _____

Date: _____

Why health is important to me? _____

What is true health to me? _____

WHY do I want to be healthy? _____

What are my health goals? _____

What activities will I be able to do at what age? _____

What improvements am I going to make in the 3 Foundations to Health?

Healthy Mindset: _____

Wellness Lifestyle: _____

Nervous System Function: _____

Other Notes: _____

