

YOUR NAME: \_\_\_\_\_

WHAT I DON'T WANT	WHAT I DO WANT

1. If you could do ABSOLUTELY ANYTHING and ABSOLUTELY SUCCEED...**what would you want to be or do?**

*Remember, you cannot fail and have permission, courage, money, etc...  
(Use the other side of this sheet for your ideas and answers.)*

2. What are the steps?

3. What can you start doing this week?

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If you liked this and would like to have your own coach, check the boxes below, and return this sheet to the Counseling Office.

I would like to have my own coach.

...starting now

...starting in the future. When: \_\_\_\_\_