

“CLEAR” Lifestyle Sheet

Name _____ Date _____
 ___Weekly plan (or) ___Four mo. goals

This sheet can help you organize your week. On one side of the colored line, note your plans for the week. On the other side, note your results or what actually happened.

| Capacity | Live! | Empower | Add |
|----------|-------|---------|-----|
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| | | | |

| Ripple Effect |
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Goal & Growth Group Meeting (an optional framework for personal growth and change)

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|--------------------------------|
| Learning or Practical Question |
| Progress Highlight |
| Plan For Next Week |
| Appreciation |