

T CHART PLAN FOR IMPROVING WORK HABITS

Name: _____ Date: _____

Select one of the following work habits or another from the work we have done in class. Complete the T Chart. Then select a specific “Look Like” and a specific “Sound Like” behavior as you focus for improvement.

Work Habits: **Listening, Being Prepared, Managing My Time,
Being Organized, Working Independently,
Working With Others, Being Persistent,
Accurately Assessing My Work,
Showing Concern For The Quality Of My Work**

When I _____, it would:
(put the work habit here)

Look Like (be very specific)	Sound Like (be very specific)

MY PLAN FOR THE WEEK

Name: _____ Date: _____

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

TASK AND TIME PLAN

Name: _____ Date: _____ Due Date: _____

Project: _____

M	T	W	Th	F	Sat	Sun

TASK AND TIME PLAN

Name: _____ Date: _____ Due Date: _____

Project Title: _____

Steps to get my project finished	Date to Complete

WHAT COULD KEEP ME FROM GETTING MY PROJECT DONE

Name: _____ Date: _____

Problems	Solutions

GO.35.5

TASK AND TIME PLAN

Name: _____ Date: _____ Due Date: _____

Task: _____

Action To Take	Date To Complete
Potential Barriers	Ways To Overcome These Barriers

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PROJECT CONTRACT

Course Title: _____

Name: _____ Contract Due Date: _____

First Check Point - **Date:** _____
Tasks To Be Completed:

Second Check Point - **Date:** _____
Tasks To Be Completed:

To Finish Project On - **Date:** _____
Tasks To Be Completed:

Signature: _____

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MY TIME DIARY

Time	Mon.	Tues.	Wed.	Thurs.	Fri.
6:00 AM					
6:30					
7:00					
7:30					
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00 PM					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					
6:00					
6:30					
7:00					
7:30					
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00 AM					

IMPROVING MY WORK HABITS AND STUDY SKILLS

Name: _____ Date: _____

I want to improve: _____

Short Term Action Plan:

Long Term Action Plan:

I want to improve: _____

Short Term Action Plan:

Long Term Action Plan:

GO.35.9

GOOD THINKING HABITS

Name: _____ Date: _____

Select one Good Thinking Habit to analyze. Put your selection in the box below.

Good Thinking Habits	
Being Persistent	Thinking Before Acting
Using Clear Language	Checking My Own Work
Clearly Knowing What Is Expected	Asking Good Questions
Checking For Accuracy	Being Creative
Using What I Already Know	Working With Others
Using All My Senses	Working Independently
Considering Other Points Of View	Being Curious
Listening Carefully	Thinking About How I Think

My Choice To Analyze: _____	
What I have seen others do who are good at this.	What I do.

PLANNING MY PROJECT

Name: _____ Date: _____

Sub-Task	What To Do	By When
Define exactly what I am to do.		
Audience for my work.		
Intended impact of my work on my audience.		
How will my work be assessed?		
Information Sources I will use.		
Steps in getting at organizing information.		
Steps in using the information to complete my project.		

GO.35.12

MAKING THE BEST USE OF MY TIME

Name: _____ Date: _____

How I Sometimes Waste Time	How I Could Improve

MAKING THE BEST USE OF MY TIME #2

Name: _____ Date: _____

How I Spend My Time Now	How I Could Improve

