

Personal Action Plan - Breast Cancer

Complete the following questions to identify how you can make a change in your life now and in the future to try and reduce the risk of breast cancer, and which information you learned today that you will share with family/friends. Do not write your name (Confidential) (Please use a black or dark blue pen. If form is a duplicate, return one copy to your teacher)

SCHOOL/COMMUNITY <----- OTHER PEOPLE INDIVIDUAL

What is one change that you will make for your personal health?

What is one factor related to breast cancer that you will do something about?

I will take which information from this lesson and share it with

Information:

Share with:

What I learned most about breast cancer is:

Name at least one thing you will do to reduce breast cancer risk:

Name at least one thing you will do about environmental factors:

Name at least one thing you will do for prevention:

About you: I am: Male Female My grade level is: 9 10 11 12
