

My VISION Plan for 2011

“Write the vision and make it plain upon tables, that he may run that reads it. For the vision is yet for an appointed time; but at the end it will speak and it will not lie.”

“Without a vision the people perish” (cast off restraints, are undisciplined and unsuccessful.) The message of the above scripture (Hab. 2:2,3) is clear: God intends for His people to be people of vision. Jeremiah 29:11 says that God has plans for your life. Pray and seek God’s plan for your life and then set goals to achieve which will enable you to accomplish the plan and purpose of God. Write down the tasks (actions) you will need to take on a daily, weekly, monthly basis to reach your goals.

Do you have a vision for your life? What about for the New Year? What has God spoken to your heart about His plans for you? Take the time to seek the Lord for divine direction and God-given vision. Then write the vision – your personal vision for 2011 – and run with it!

NAME _____

DATE _____

FULFILLING MY PURPOSE

Vision / Purpose _____

Goal(s) for 2011 _____

FULFILLING MY DREAM

Vision / Dream _____

Goal(s) for 2011 _____

WORK / PROFESSIONAL

Vision _____

Goal(s) for 2011 _____

HEALTH & WELLNESS

Vision _____

Goal(s) for 2011 _____

SPIRITUAL GROWTH

Vision _____

Goal(s) for 2011 _____

FINANCES

Vision _____

Goal(s) for 2011 _____

FAMILY

Vision _____

Goal(s) for 2011 _____

KINGDOM (CHURCH) SERVICE

Vision _____

Goal(s) for 2011 _____

KNOWLEDGE / CONTINUING EDUCATION

Vision _____

Goal(s) for 2011 _____

OTHER _____

Vision _____

Goal(s) for 2011 _____

OTHER _____

Vision _____

Goal(s) for 2011 _____

ACTION ITEMS

Goal Reaching Tasks	Complete By	Completed?
1. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. _____	Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No