

PLAN MY DAY

DATE: _____

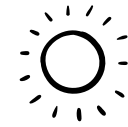
IMPORTANT TASKS

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

BREAKFAST: _____

LUNCH: _____

DINNER: _____



PLAN MY DAY

DATE: _____

IMPORTANT TASKS

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

BREAKFAST: _____

LUNCH: _____

DINNER: _____



EVENING REFLECTION

WHAT DID I DO TODAY?
DID I GET TO THE STUFF I WANTED TO?

WHAT DID I LEARN?

WHAT AM I GRATEFUL FOR?



EVENING REFLECTION

WHAT DID I DO TODAY?
DID I GET TO THE STUFF I WANTED TO?

WHAT DID I LEARN?

WHAT AM I GRATEFUL FOR?