

WEEKLY HABIT TRACKER

WEEK OF: / /

GOAL / HABIT	S	M	T	W	TH	F	S
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NOTES

WEEK AT A GLANCE

WEEK OF: / /

WEEKLY GOAL

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

WEEKEND

PERSONAL PLANNER

M T W T F S S
○ ○ ○ ○ ○ ○ ○

♥ TODAY'S TASKS:

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♥ TODAY'S EVENTS:

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♥ REMINDERS & NOTES:

DAILY SCHEDULE

Date:

1st Priority:

TO DO LIST:	

TIME		ACTIVITY
7:00		
8:00		
9:00		
10:00		
11:00		
12:00		
1:00		
2:00		
3:00		
4:00		
5:00		
6:00		

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

HEALTH & FITNESS	
<input type="checkbox"/>	
<input type="checkbox"/>	

NOTES

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WEEKLY SCHEDULE

Week:

Year:

Goal 1:

Goal 2:

Intentions for the Week

Organize Your Week

Mon	Tue	Wed	Thu	Fri	Sat	Sun

Notes

YEARLY GOAL MAP

January	February	March
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
April	May	June
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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July	August	September
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October	November	December
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GOAL PLANNING WORKSHEET

GOAL:	
	WILL START:
	WILL FINISH:

THINGS NEEDED

KNOW MY "WHY"

MINI GOAL
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DUE DATE
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REWARD
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MILESTONES
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6. _____ <input type="checkbox"/>
7. _____ <input type="checkbox"/>

NOTES
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PRIORITY PLANNING

DATE:

TOP PRIORITIES

INSTRUCTIONS:

STEP 1: BRAINSTORM PRIORITIES FOR EACH CATEGORY.

STEP 2: NUMBER THEM FROM LEAST IMPORTANT TO MOST IMPORTANT FOR EACH CATEGORY.

STEP 3: LIST YOUR TOP PRIORITY FOR EACH IN THE "TOP PRIORITIES" SECTION TO THE RIGHT.

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WORK

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FAMILY

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HEALTH

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RELATIONSHIPS

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SPIRIT

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FUTURE SELF

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30 DAY CHALLENGE WORKSHEET

Month:

Challenge:

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

Notes