

WEEK PLANNER

DATE __-__-__

SMAHSHED IT ☐
ROOM FOR IMPROVEMENT ☐

TO DO

TOP 3 _____

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EVERYTHING ELSE _____

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SOMETHING FUN _____

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MONDAY <input type="checkbox"/>	TUESDAY <input type="checkbox"/>	WEDNESDAY <input type="checkbox"/>
THURSDAY <input type="checkbox"/>	FRIDAY <input type="checkbox"/>	SATURDAY <input type="checkbox"/>
		SUNDAY <input type="checkbox"/>