



Accountability Check-In Form

Week of: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<div><input type="checkbox"/> Daily Coursework</div> <div>Notes:</div>	<div><input type="checkbox"/> Daily Coursework</div> <div>Notes:</div>	<div><input type="checkbox"/> Daily Coursework</div> <div>Notes:</div>	<div><input type="checkbox"/> Daily Coursework</div> <div>Notes:</div>	<div><input type="checkbox"/> Daily Coursework</div> <div>Notes:</div>	<div><input type="checkbox"/> Daily Coursework</div> <div>Notes:</div>	<div><input type="checkbox"/> Daily Coursework</div> <div>Notes:</div>
<div><input type="checkbox"/> Medium Article</div> <div>Notes:</div>	<div><input type="checkbox"/> LinkedIn Post</div> <div>Notes:</div>	<div><input type="checkbox"/> Medium Article</div> <div>Notes:</div>	<div><input type="checkbox"/> LinkedIn Post</div> <div>Notes:</div>	<div><input type="checkbox"/> Medium Article</div> <div>Notes:</div>		
<div><input type="checkbox"/> LinkedIn Connection</div>		<div><input type="checkbox"/> LinkedIn Connection</div>		<div><input type="checkbox"/> Accountability Check-In</div>		
<div><input type="checkbox"/> Check Job Board</div>		<div><input type="checkbox"/> Check Job Board</div>		<div><input type="checkbox"/> LinkedIn Connection</div>		
				<div><input type="checkbox"/> Weekly Workshop</div>		