**Name:** Click or tap here to enter text.

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| **QUADRANT**  I | **URGENT**  **+ IMPORTANT –** | **QUADRANT**  II | **NOT URGENT**  **+ IMPORTANT –** |
|  | |  | |
| **QUADRANT**  III | **URGENT**  **+ NOT IMPORTANT –** | **QUADRANT**  IV | **NOT URGENT**  **+ NOT IMPORTANT –** |
|  | |  | |