PRODUCTIVE

LIVING

IF FOUND, PLEASE RETURN TO:

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2025

JANUARY

S	M	T	W	T	F	S
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY

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MARCH

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30	31					

APRIL

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MAY

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18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUNE

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JULY

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AUGUST

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31						

SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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21 DAY HABIT TRACKER

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2026

JANUARY

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FEBRUARY

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MARCH

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MAY

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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2027

JANUARY

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FEBRUARY

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MARCH

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APRIL

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MAY

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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TASK MANAGER

TASK:

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PROJECT MANAGER

Project Name: _____

Target Completion Date: _____

Project Summary _____

TASK TRACKING

	DUE DATE	TASK
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NOTES

IDEAS & SKETCHES

2028

JANUARY

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FEBRUARY

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27	28	29				

MARCH

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APRIL

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MAY

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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22	23	24	25	26	27	28
29	30	31				

NOVEMBER

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26	27	28	29	30		

DECEMBER

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17	18	19	20	21	22	23
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2025 CALENDAR

	S	M	T	W	T	F	S
JANUARY				1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	1
FEBRUARY	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	1
MARCH	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31	1	2	3	4	5
APRIL	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	1	2	3
MAY	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
JUNE	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30					

TO DO LIST

Date: _____

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TO DO LIST

Date: _____

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		1	2	3	4	5	JULY
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31	1	2	
3	4	5	6	7	8	9	AUGUST
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
31	1	2	3	4	5	6	SEPTEMBER
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	1	2	3	4	OCTOBER
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31	1	NOVEMBER
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	1	2	3	4	5	6	DECEMBER
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				

2026 CALENDAR

	S	M	T	W	T	F	S
JANUARY					1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
FEBRUARY	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
MARCH	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
APRIL	29	30	31	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	1	2
MAY	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
JUNE	31	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
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Friday	Saturday	
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Class _____
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SEMESTER SCHEDULE

Semester _____ Year _____

Finals Start _____ Finals End _____

	Monday	Tuesday	Wednesday	Thursday
7:00 AM				
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9:00 AM				
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				1	2	3	4	
	5	6	7	8	9	10	11	JULY
	12	13	14	15	16	17	18	
	19	20	21	22	23	24	25	
	26	27	28	29	30	31	1	
	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15	AUGUST
	16	17	18	19	20	21	22	
	23	24	25	26	27	28	29	
	30	31	1	2	3	4	5	
	6	7	8	9	10	11	12	SEPTEMBER
	13	14	15	16	17	18	19	
	20	21	22	23	24	25	26	
	27	28	29	30	1	2	3	
	4	5	6	7	8	9	10	
	11	12	13	14	15	16	17	OCTOBER
	18	19	20	21	22	23	24	
	25	26	27	28	29	30	31	
	1	2	3	4	5	6	7	
	8	9	10	11	12	13	14	NOVEMBER
	15	16	17	18	19	20	21	
	22	23	24	25	26	27	28	
	29	30	1	2	3	4	5	
	6	7	8	9	10	11	12	
	13	14	15	16	17	18	19	DECEMBER
	20	21	22	23	24	25	26	
	27	28	29	30	31			

2027 CALENDAR

	S	M	T	W	T	F	S
JANUARY						1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
FEBRUARY	31	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
MARCH	28	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
APRIL	28	29	30	31	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	1
MAY	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31	1	2	3	4	5
JUNE	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
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	27	28	29	30			

WEEKLY ASSIGNMENTS

Week of: _____

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HOMEWORK PLANNER

	CLASS	DUE DATE	ASSIGNMENT
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2028 CALENDAR

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JANUARY							1
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	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31	1	2	3	4	5
FEBRUARY	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	1	2	3	4
MARCH	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	1
APRIL	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	1	2	3	4	5	6
MAY	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	1	2	3
JUNE	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	1

	S	M	T	W	T	F	S	
	2	3	4	5	6	7	8	
	9	10	11	12	13	14	15	JULY
	16	17	18	19	20	21	22	
	23	24	25	26	27	28	29	
	30	31	1	2	3	4	5	
	6	7	8	9	10	11	12	
	13	14	15	16	17	18	19	AUGUST
	20	21	22	23	24	25	26	
	27	28	29	30	31	1	2	
	3	4	5	6	7	8	9	
	10	11	12	13	14	15	16	SEPTEMBER
	17	18	19	20	21	22	23	
	24	25	26	27	28	29	30	
	1	2	3	4	5	6	7	
	8	9	10	11	12	13	14	OCTOBER
	15	16	17	18	19	20	21	
	22	23	24	25	26	27	28	
	29	30	31	1	2	3	4	
	5	6	7	8	9	10	11	
	12	13	14	15	16	17	18	NOVEMBER
	19	20	21	22	23	24	25	
	26	27	28	29	30	1	2	
	3	4	5	6	7	8	9	
	10	11	12	13	14	15	16	DECEMBER
	17	18	19	20	21	22	23	
	24	25	26	27	28	29	30	
	31							

YEARLY CALENDAR

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
10	10	10	10	10	10
11	11	11	11	11	11
12	12	12	12	12	12
13	13	13	13	13	13
14	14	14	14	14	14
1 5	1 5	1 5	1 5	1 5	1 5
16	16	16	16	16	16
17	17	17	17	17	17
18	18	18	18	18	18
19	19	19	19	19	19
20	20	20	20	20	20
21	21	21	21	21	21
22	22	22	22	22	22
23	23	23	23	23	23
24	24	24	24	24	24
25	25	25	25	25	25
26	26	26	26	26	26
27	27	27	27	27	27
28	28	28	28	28	28
29	29	29	29	29	29
30		30	30	30	30
31		31		31	

Year: _____

JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
10	10	10	10	10	10
11	11	11	11	11	11
12	12	12	12	12	12
13	13	13	13	13	13
14	14	14	14	14	14
1 5	1 5	1 5	1 5	1 5	1 5
16	16	16	16	16	16
17	17	17	17	17	17
18	18	18	18	18	18
19	19	19	19	19	19
20	20	20	20	20	20
21	21	21	21	21	21
22	22	22	22	22	22
23	23	23	23	23	23
24	24	24	24	24	24
25	25	25	25	25	25
26	26	26	26	26	26
27	27	27	27	27	27
28	28	28	28	28	28
29	29	29	29	29	29
30	30	30	30	30	30
31	31		31		31

MONTHLY PLANNER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY

Month _____ Year _____

THURSDAY	FRIDAY	SATURDAY

MONTHLY PLANNER

Month _____ Year _____

SUN	MON	TUES	WED	THUR	FRI	SAT

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

BIRTHDAY CALENDAR

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

WEEKLY PLANNER

Week of: _____

MON /	TUES /	WED /	THUR /

TO DO:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

CONTACTS

Name: _____ Address: _____
Phone: _____ _____
Email: _____ _____

Name: _____ Address: _____
Phone: _____ _____
Email: _____ _____

Name: _____ Address: _____
Phone: _____ _____
Email: _____ _____

Name: _____ Address: _____
Phone: _____ _____
Email: _____ _____

Name: _____ Address: _____
Phone: _____ _____
Email: _____ _____

Name: _____ Address: _____
Phone: _____ _____
Email: _____ _____

Name: _____ Address: _____
Phone: _____ _____
Email: _____ _____

PASSWORDS

ACCOUNT	USERNAME	PASSWORD

FRI /	SAT /	SUN /

NOTES:

WEEKLY PLANNER

Week of: _____

MON /	TUES /	WED /	THUR /

TO DO:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

TRIP PACKING LIST

ESSENTIALS

- ☐ ID/ Passport
- ☐ Boarding Passes
- ☐ Wallet
- ☐ Insurance/ Emergency Info
- ☐ Reservation Confirmations
- ☐ Itinerary
- ☐ Headphones

TOILETRIES

- ☐ Toothbrush/ Toothpaste
- ☐ Deodorant
- ☐ Shampoo/Conditioner
- ☐ Body Wash
- ☐ Brush/ Comb
- ☐ Lip Balm
- ☐ Razor
- ☐ Face wash/ moisturizer
- ☐ _____
- ☐ _____

CLOTHING

- ☐ Tops
- ☐ Bottoms
- ☐ Underwear
- ☐ Socks
- ☐ Sleepwear
- ☐ Swimsuit
- ☐ Comfortable Shoes
- ☐ Sandals/ Flip Flops
- ☐ Light Jacket/ Hoodie
- ☐ Weather specific gear
- ☐ Going-out outfit

MISC

- ☐ Medication
- ☐ First Aid Kit
- ☐ Phone & Charger W
- ☐ Headphones
- ☐ Camera
- ☐ Tablet/ E-reader + charger

OTHER

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

TRIP PLANNING GUIDE

ADVANCE PREP

- [ ] Book travel transportation (flights, train, etc.)
- [ ] Reserve accommodations
- [ ] Request time off
- [ ] Check Passport/ ID expiration
- [ ] Plan itinerary & activities
- [ ] Arrange house/ pet care
- [ ] _____
- [ ] _____

THE WEEK BEFORE

- [ ] Finalize packing list & do laundry
- [ ] Refill/ pick up medications
- [ ] Purchase snacks
- [ ] Begin packing non-essentials
- [ ] Download off line entertainment
- [ ] Check the weather
- [ ] _____
- [ ] _____

THE DAY OF

- [ ] Pack last minute items (toiletries, phone charger, etc)
- [ ] Eat or bring meal/snacks
- [ ] Turn off lights, unplug electronics, lock up
- [ ] Double check ID, wallet, phone, tickets
- [ ] _____
- [ ] _____

FRI /	SAT /	SUN /

NOTES:

WEEKLY PLANNER

	Monday	Tuesday	Wednesday	Thursday
6:00 AM				
6:30 AM				
7:00 AM				
7:30 AM				
8:00 AM				
8:30 AM				
9:00 AM				
9:30 AM				
10:00 AM				
10:30 AM				
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6:00 PM				
6:30 PM				
7:00 PM				
7:30 PM				
8:00 PM				
8:30 PM				
9:00 PM				

Week of: _____

	M	T	W	T	F	S	S
Make Bed							
Dishes							
Wipe Counters							
10 min tidy							
Trash/ recycling							
Spot sweep							

- ☐ Deep clean bathroom
- ☐ Mop hard floors
- ☐ Change bed sheets
- ☐ Dust surfaces
- ☐ Vacuum entire home
- ☐ Wipe kitchen appliances

Week of: _____

	M	T	W	T	F	S	S
Make Bed							
Dishes							
Wipe Counters							
10 min tidy							
Trash/ recycling							
Spot sweep							

- ☐ Deep clean bathroom
- ☐ Mop hard floors
- ☐ Change bed sheets
- ☐ Dust surfaces
- ☐ Vacuum entire home
- ☐ Wipe kitchen appliances

Week of: _____

	M	T	W	T	F	S	S
Make Bed							
Dishes							
Wipe Counters							
10 min tidy							
Trash/ recycling							
Spot sweep							

- ☐ Deep clean bathroom
- ☐ Mop hard floors
- ☐ Change bed sheets
- ☐ Dust surfaces
- ☐ Vacuum entire home
- ☐ Wipe kitchen appliances

MONTHLY CLEANING

Month: _____

MONTHLY TASKS

- ☐ Clean fridge & freezer
- ☐ Deep clean oven & stove top
- ☐ Wash inside windows
- ☐ Vacuum under furniture
- ☐ Clean baseboards & walls
- ☐ _____
- ☐ Wipe fans/ vents/ light fixtures
- ☐ De-clutter 1 closet/ storage space
- ☐ Wash shower curtain/ liner
- ☐ Disinfect garbage bins
- ☐ Clean under the bed
- ☐ _____

DAILY & WEEKLY TASKS

Week of: _____

	M	T	W	T	F	S	S
Make Bed							
Dishes							
Wipe Counters							
10 min tidy							
Trash/ recycling							
Spot sweep							

- ☐ Deep clean bathroom
- ☐ Mop hard floors
- ☐ Change bed sheets
- ☐ Dust surfaces
- ☐ Vacuum entire home
- ☐ Wipe kitchen appliances

Week of: _____

	M	T	W	T	F	S	S
Make Bed							
Dishes							
Wipe Counters							
10 min tidy							
Trash/ recycling							
Spot sweep							

- ☐ Deep clean bathroom
- ☐ Mop hard floors
- ☐ Change bed sheets
- ☐ Dust surfaces
- ☐ Vacuum entire home
- ☐ Wipe kitchen appliances

Week of: _____

Friday	Saturday	
		6:00 AM
		6:30 AM
		7:00 AM
		7:30 AM
		8:00 AM
		8:30 AM
		9:00 AM
		9:30 AM
		10:00 AM
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		11:30 AM
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		5:30 PM
		6:00 PM
		6:30 PM
		7:00 PM
		7:30 PM
		8:00 PM
		8:30 PM
		9:00 PM

TO DO:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
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- ☐ _____
- ☐ _____

NOTES:

_____
_____
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WEEKLY TIME BLOCK

	Monday	Tuesday	Wednesday	Thursday
6:00 AM				
6:30 AM				
7:00 AM				
7:30 AM				
8:00 AM				
8:30 AM				
9:00 AM				
9:30 AM				
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9:30 PM				
10:00 PM				
10:30 PM				

SHOPPING LIST

Store: _____

Date: _____

- ☐ _____
- ☐ _____
- ☐ _____

WEEKLY PLANNER

Week of: _____

MONDAY /	TUESDAY /

FRIDAY /	SATURDAY /

TO DO:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

WEEKLY MEAL PLAN

Week of: _____

	DINNER	LUNCH	BREAKFAST	SNACK
MON				
TUES				
WED				
THURS				
FRI				
SAT				
SUN				

WEEKLY MEAL PLAN

Week of: _____

BREAKFAST

_____ _____

_____ _____

LUNCH & DINNER

	LUNCH	DINNER
MON		
TUES		
WED		
THURS		
FRI		
SAT		
SUN		

SNACKS

_____ _____

_____ _____

WEDNESDAY

THURSDAY /

SUNDAY /

NOTES /

GOALS:

_____

_____

_____

_____

_____

_____

_____

WEEKLY PLANNER

Week of: _____

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

DATE	DAY	CHEST	BACK	SHOULDERS	LEGS	ARMS	CORE	CARDIO	REST	NOTES
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										

Notes

MUSCLE GROUP WORKOUT PLAN

Month _____ Year _____

DATE	DAY	CHEST	BACK	SHOULDERS	LEGS	ARMS	CORE	CARDIO	REST	NOTES
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Goals

IVY LEE WEEKLY PLANNER

INSTRUCTIONS

1. At the end of each day, write down the 6 most important tasks you need to accomplish tomorrow.
2. Rank those 6 tasks in order of their true importance.
3. When you start your day, focus only on the first task.
4. Move through your list in order, one task at a time.
5. At the end of the day, move any unfinished tasks to the next day's list.
6. Repeat the process every day.

MONDAY

	RANK	TASK
☐		
☐		
☐		
☐		
☐		
☐		

TUESDAY

	RANK	TASK
☐		
☐		
☐		
☐		
☐		
☐		

WEDNESDAY

	RANK	TASK
☐		
☐		
☐		
☐		
☐		
☐		

DAILY WORKOUT LOG

Date: _____ Time : _____

Target Muscle Group _____

EXERCISE		SET 1	SET 2	SET 3	SET 4	SET 5
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					
	WEIGHT					
	REPS					

CARDIO	TIME	DISTANCE	CALORIES BURNED

NOTES + GOALS:

_____

_____

_____

THURSDAY

	RANK	TASK
☐		
☐		
☐		
☐		
☐		
☐		

FRIDAY

	RANK	TASK
☐		
☐		
☐		
☐		
☐		
☐		

SATURDAY

	RANK	TASK
☐		
☐		
☐		
☐		
☐		
☐		

SUNDAY

	RANK	TASK
☐		
☐		
☐		
☐		
☐		
☐		

Date: _____

DAILY PLANNER

MORNING CHECK IN

Intention for the day: _____

Self care act of the day: _____

Giving extra attention to: _____

Looking forward to: _____

Today's physical activity: _____

Advice I need today: _____

TODAYS MEALS

Breakfast _____ Dinner _____

Lunch _____ Snack _____

TOP GOALS FOR THE DAY

1. _____
2. _____
3. _____
4. _____
5. _____

TODAY, I AM GRATEFUL FOR . . .

_____

_____

_____

_____

_____

_____

_____

DATE	ACTIVITY	DURATION	CALORIES BURNED

Notes _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

WORKOUT LOG

DATE	ACTIVITY	DURATION	CALORIES BURNED

TO DO LIST & TIME LOGGING

	TIME	TASK
☐		
☐		
☐		
☐		
☐		
☐		
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TODAYS WINS & REFLECTIONS

Date: _____

DAILY PLANNER

MORNING CHECK IN

Intention for the day: _____

Looking forward to: _____

Today's physical activity: _____

Advice I need today: _____

- ☐ Meditate
- ☐ Visualize
- ☐ Read
- ☐ Affirmations
- ☐ Physical Activity
- ☐ Journal

TODAYS MEALS

Breakfast _____ Dinner _____

Lunch _____ Snack _____

TOP GOALS FOR THE DAY

1. _____
2. _____
3. _____
4. _____
5. _____

TODAY, I AM GRATEFUL FOR . . .

_____

_____

_____

_____

_____

_____

_____

GYM BAG PACKING LIST

ESSENTIALS

- [ ] Workout Clothes
- [ ] Athletic Shoes
- [ ] Water Bottle
- [ ] Towel
- [ ] Gym Membership/ID
- [ ] Lock
- [ ] Headphones
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

HYGIENE & POST-GYM CARE

- [ ] Deodorant
- [ ] Shower Towel
- [ ] Shampoo
- [ ] Conditioner
- [ ] Body Wash
- [ ] Shower Shoes
- [ ] Hair Brush or Comb
- [ ] Body/ Face Wipes
- [ ] Headband/ Hair Ties
- [ ] Change of clothes
- [ ] Underwear
- [ ] Socks
- [ ] Dirty clothes Bag
- [ ] _____
- [ ] _____

OTHER

- [ ] Swimsuit
- [ ] Goggles
- [ ] Hand Sanitizer
- [ ] Fitness Watch
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

TO DO LIST & TIME LOGGING

	TIME	TASK
[ ]		
[ ]		
[ ]		
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TODAYS WINS & REFLECTIONS

_____
_____
_____
_____
_____
_____
_____

Date: _____

DAILY PLANNER

TOP GOALS FOR THE DAY

1. _____
2. _____
3. _____

TO DO LIST & TIME LOGGING

	TIME	TASK
☐		
☐		
☐		
☐		
☐		
☐		
☐		
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☐		
☐		
☐		
☐		

NOTES

_____
_____
_____
_____

MEDICATION LOG

Date	Time	Medication	Dose	Notes

_____
_____
_____
_____

DAILY NUTRITION LOG

Date: _____

	FOOD	CARBS	FATS	PROTEIN	CALORIES
BREAKFAST					
LUNCH					
DINNER					
SNACKS					

TOTAL				
GOAL				

Cups of Water ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Vitamins/Supplements _____

_____

Notes _____

_____

_____

Date: _____

DAILY PLANNER

MORNING CHECK IN

Intention for the day: _____

MORNING TASKS

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

AFTERNOON TASKS

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Date: _____

DAILY PLANNER

MORNING CHECK IN

Intention for the day: _____

Today's physical activity: _____

I am grateful for _____

- ☐ Meditate
- ☐ Visualize
- ☐ Read
- ☐ Affirmations
- ☐ Physical Activity
- ☐ Journal

TOP GOALS FOR THE DAY

1. _____
2. _____
3. _____

TO DO LIST & TIME LOGGING

	TIME	TASK
☐		
☐		
☐		
☐		
☐		
☐		

TODAYS WINS & REFLECTIONS

_____

_____

_____

_____

DAILY PLANNER

Date: _____

TO DO LIST

- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

NOTES

TIME LOGGING

6:00 AM	
6:30 AM	
7:00 AM	
7:30 AM	
8:00 AM	
8:30 AM	
9:00 AM	
9:30 AM	
10:00 AM	
10:30 AM	
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10:00 PM	

NOTES

TODAYS WINS & REFLECTIONS

TOMORROW TASKS

- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

Date: _____

DAILY PLANNER

MORNING CHECK IN

Intention for the day: _____

Self care act of the day: _____

Giving extra attention to: _____

Looking forward to: _____

Today's physical activity: _____

Advice I need today: _____

TODAYS MEALS

Breakfast _____ Dinner _____

Lunch _____ Snack _____

TOP GOALS FOR THE DAY

1. _____
2. _____
3. _____
4. _____
5. _____

NOTES & REFLECTIONS

_____

_____

_____

_____

_____

_____

_____

TIME LOGGING

6:00 AM	
6:30 AM	
7:00 AM	
7:30 AM	
8:00 AM	
8:30 AM	
9:00 AM	
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