



IF FOUND, PLEASE RETURN TO:

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2025 CALENDAR

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

TO DO LIST

Date: _____

TO DO LIST

List Name: _____

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

NOTES

List Name: _____

S	M	T	W	T	F	S
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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	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	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	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	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	20
21	22	23	24	25	26	27
28	29	30	31			

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

2026 CALENDAR

	Friday	Saturday
7:00 AM		
7:30 AM		
8:00 AM		
8:30 AM		
9:00 AM		
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8:00 PM		

SEMESTER SCHEDULE

Semester _____ Year _____
 Finals Start _____ Finals End _____

	Monday	Tuesday	Wednesday	Thursday
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7:30 AM				
8:00 AM				
8:30 AM				
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8:00 PM				

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	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	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	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	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	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		

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

2027 CALENDAR

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

WEEKLY ASSIGNMENTS

Week of: _____

HOMEWORK PLANNER

CLASS	DUE DATE	ASSIGNMENT

S	M	T	W	T	F	S
				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	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	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	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	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	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	

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

2028 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	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
	5	6	7	8	9	10	11
MARCH							
	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
APRIL							
	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
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
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20	21	22	23	24	25	26
27	28	29	30	31	1	2
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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	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JULY

AUGUST

SEPTEMBER

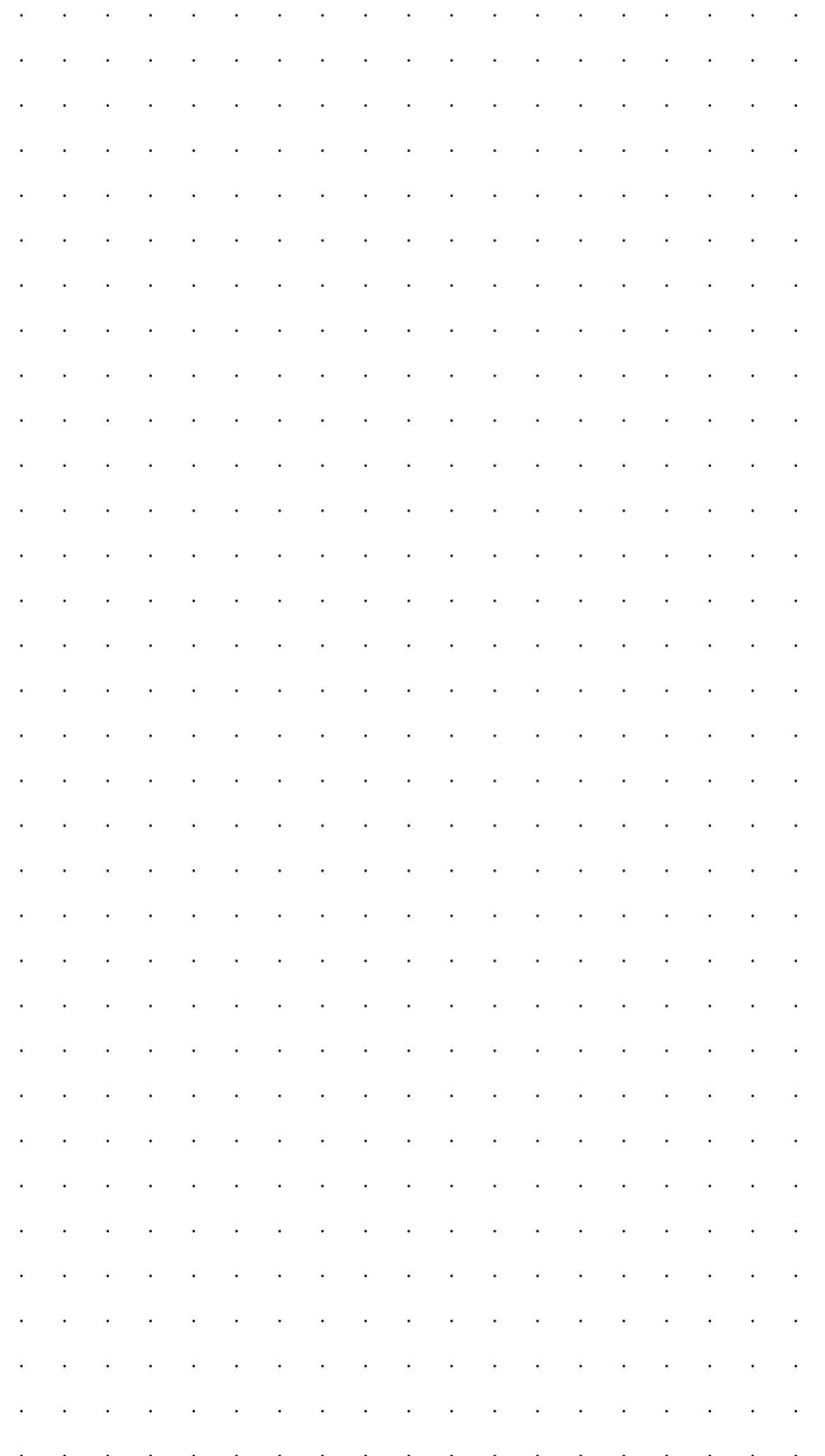
OCTOBER

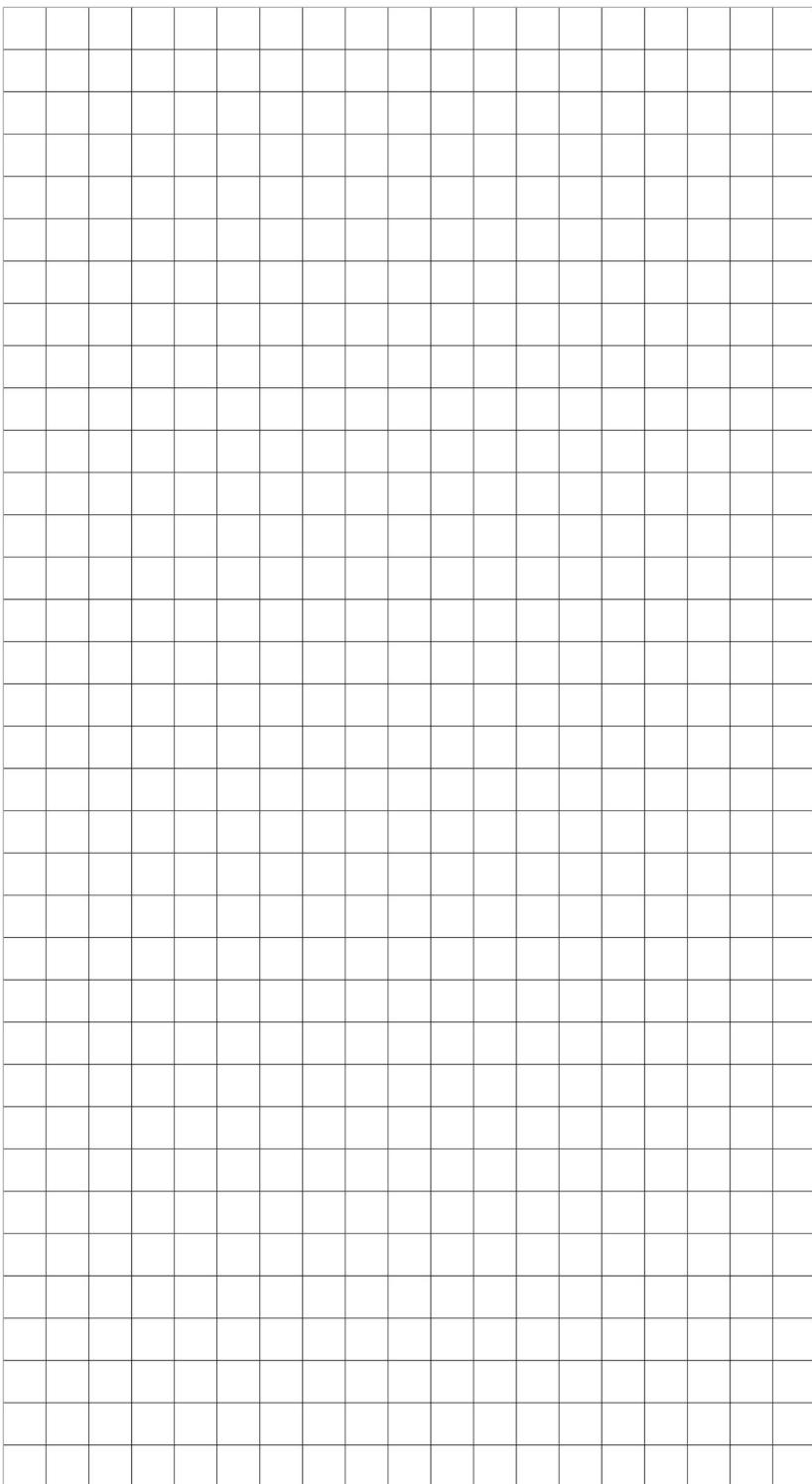
NOVEMBER

DECEMBER

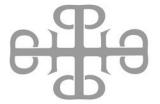
MONTHLY PLANNER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY





Month _____ Year _____



THURSDAY	FRIDAY	SATURDAY

MONTHLY PLANNER

Month _____ Year _____

NOTES

WEEKLY PLANNER

Week of: _____

MON /	TUES /	WED /	THUR /

GOALS:

- | | | | |
|--------------------------|-------|--------------------------|-------|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
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J U L Y

AUGUST

SEPTEMBER

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O C T O B E R

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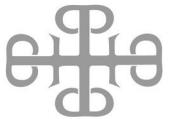
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DECEMBER

BIRTHDAY CALENDAR



JANUARY

FEBRUARY

FRI / SAT / SUN /

MARCH

APRIL

MAY

JUNE

NOTES:

WEEKLY PLANNER

Week of: _____

MON	/	TUES	/	WED	/	THUR	/

GOALS :

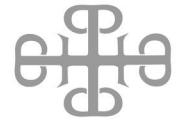
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>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

CONTACTS

Name: _____ Address: _____

Phone: _____

Email: _____



PASSWORDS

A C C O U N T

U S E R N A M E

P A S S W O R D

F R I

/ S A T

/ S U N

/

N O T E S :

WEEKLY TIME BLOCK

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

TRIP PACKING LIST

ESSENTIALS

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

CLOTHING

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

TOILETRIES

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

MISC

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

OTHER

- | | | | |
|--------------------------|-------|--------------------------|-------|
| <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"/> | _____ |

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
- _____
- _____

Week of: _____

Friday

Saturday

Sunday

			6:00 AM
			6:30 AM
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			10:30 PM



WEEKLY PLANNER

Week of: _____

MONDAY	/

TUESDAY	/

FRIDAY	/

SATURDAY	/

TO DO :

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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

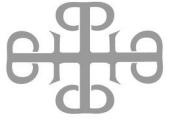
Week of: _____

	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

- | | |
|--|---|
| <input type="checkbox"/> Clean fridge & freezer | <input type="checkbox"/> Wipe fans/ vents/ light fixtures |
| <input type="checkbox"/> Deep clean oven & stove top | <input type="checkbox"/> De-clutter 1 closet/ storage space |
| <input type="checkbox"/> Wash inside windows | <input type="checkbox"/> Wash shower curtain/ liner |
| <input type="checkbox"/> Vacuum under furniture | <input type="checkbox"/> Disinfect garbage bins |
| <input type="checkbox"/> Clean baseboards & walls | <input type="checkbox"/> Clean under the bed |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | |

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

W E D N E S D A Y	/

S U N D A Y	/

GOALS :

T H U R S D A Y	/
N O T E S	

WEEKLY PLANNER



Week of: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

NOTES :

SHOPPING LIST

Store: _____

Store:

Date: _____

Date:

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
<input type="checkbox"/>	

TUESDAY

RANK	TASK
<input type="checkbox"/>	

WEDNESDAY

RANK	TASK
<input type="checkbox"/>	

WEEKLY MEAL PLAN

Week of: _____

	BREAKFAST	LUNCH	DINNER	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

THURSDAY

RANK	TASK
<input type="checkbox"/>	

FRIDAY

RANK	TASK
<input type="checkbox"/>	

SATURDAY

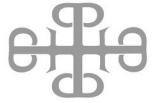
RANK	TASK
<input type="checkbox"/>	

SUNDAY

RANK	TASK
<input type="checkbox"/>	

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	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

MONTHLY 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

TO DO LIST & TIME LOGGING

	TIME	TASK
<input type="checkbox"/>		

TODAYS WINS & REFLECTIONS

Date: _____

DAILY PLANNER

TOP GOALS FOR THE DAY

1. _____
2. _____
3. _____

TO DO LIST & TIME LOGGING

TIME	TASK
<input type="checkbox"/>	_____

NOTES

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				
	WEIGHT				
	REPS				
	WEIGHT				
	REPS				

CARDIO	TIME	DISTANCE	CALORIES BURNED
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.....
.....

NOTES + GOALS:

Date: _____

DAILY PLANNER

MORNING CHECK IN

Intention for the day: _____

MORNING TASKS

AFTERNOON TASKS

WORKOUT LOG

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: _____

TODAY'S MEALS

Breakfast _____ Dinner _____

Lunch _____ Snack _____

TOP GOALS FOR THE DAY

1. _____

2. _____

3. _____

4. _____

5. _____

NOTES & REFLECTIONS

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

MEDICATION LOG

Date	Time	Medication	Dose	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
11:00 AM
11:30 AM
12:00 PM
12:30 PM
1:00 PM
2:30 PM
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