



Daily Planning Worksheet

DATE: _____

TIME:

TASK:

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

TOP THREE TASKS TODAY:

1.
2.
3.

BRAIN DUMP:

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DAILY GRATITUDE:

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CAN WAIT TILL TOMORROW:

GLASSES OF WATER: