

Date:

Mo Tu We Thu Fr Sa Su

## Daily Plan

<b>Desired Outcome:</b>	<b>Daily Work:</b>	<b>Personal:</b>
<b>Priority:</b>	<b>Priority:</b>	<b>Priority:</b>

### Organizing Thought for the Day:

Schedule	To Do List	Priority
7a	<input type="checkbox"/>	
8a	<input type="checkbox"/>	
<i>Unplug/ Mute devices</i>		
9a	<input type="checkbox"/>	
10a	<input type="checkbox"/>	
11a	<input type="checkbox"/>	
<i>Time to reflect</i>		
12n	<input type="checkbox"/>	
1p	<input type="checkbox"/>	
2p	<input type="checkbox"/>	
<i>Take 5 &amp; Breathe</i>		
3p	<input type="checkbox"/>	
4p	<input type="checkbox"/>	
5p	<input type="checkbox"/>	
6p	<input type="checkbox"/>	
<b>Daily Review:</b>		
What worked?		
What did not?		
<b>What's next?</b>		

