

M	T	W	T	F	S	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE: _____						

my personal

TO-DO list...

10 minute tasks

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

other tasks

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

new tasks for this week

notes

