DATE: ___/___/___

GET THINGS DONE

Goal Planner

THE GOAL

ACTION PLAN

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

NOTES

MONTH

JAN FEB MAR APR MAY JUN

JUL AUG SEP OCT NOV DEC

HABIT TRACKER

DAY																														
HABIT	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