To Do List

Date
_____

No.	To Do	Yes/No

Top Three Priorities:

_____ _____ ☐ ☐

_____ _____ ☐ ☐

_____ _____ ☐ ☐

Other Tasks:

_____ _____ ☐ ☐

_____ _____ ☐ ☐

_____ _____ ☐ ☐

_____ _____ ☐ ☐

_____ _____ ☐ ☐

Wins:

Notes _____

_____

_____