

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# DAILY SCHEDULE

## CHORES

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

## ROUTINES

### MORNING

### EVENING

<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"/>	_____

7 A M \_\_\_\_\_

8 A M \_\_\_\_\_

9 A M \_\_\_\_\_

10 A M \_\_\_\_\_

11 A M \_\_\_\_\_

12 P M \_\_\_\_\_

1 P M \_\_\_\_\_

2 P M \_\_\_\_\_

3 P M \_\_\_\_\_

4 P M \_\_\_\_\_

5 P M \_\_\_\_\_

6 P M \_\_\_\_\_

7 P M \_\_\_\_\_

8 P M \_\_\_\_\_

9 P M \_\_\_\_\_

I'M LOOKING FORWARD TO

\_\_\_\_\_

I'M THANKFUL FOR

\_\_\_\_\_

TODAY I FELT

