



Plan For Success HQ

PRODUCTIVITY PLANNER

PLAN AHEAD. GET AHEAD.

PLANNING YOUR GOALS

MAIN GOAL

STEPS TO COMPLETE GOAL



MAIN GOAL

STEPS TO COMPLETE GOAL



MAIN GOAL

STEPS TO COMPLETE GOAL



NOTES

PRIORITIES FOR THE MONTH

PERSONAL

WORK

URGENT IMPORTANT TASKS WORK

URGENT IMPORTANT TASKS PERSONAL

NOTES

IDEAL MORNING ROUTINE CHECKLIST

	M	T	W	T	F	S	S
Drink water in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do morning exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make a healthy breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do Daily Affirmations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write Out A Plan For The Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take A Shower	<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"/>	<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"/>

Reminder	Notes
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PROJECT PLANNER

PROJECT NAME :

START DATE :

DUE DATE :

PROJECT GOAL

RESOURCES

TIME LINE

NOTES

ACTION PLAN

DEADLINE

COMPLETE

MONTHLY GOALS

DATE :

WEEK 1	WEEK 2	WEEK 3	WEEK 4

WEEK 5

TOP GOALS

Notes : _____

HOW TO GET MORE DONE AS A BUSY MOM

Go To Bed Early

Wake Up Earlier Than The Kids

Create A Routine For The Whole Family

Utilize Chunks Of Time To Get Stuff Done

Find Ways To Automate Tasks

Simplify The To Do List

Create Systems For Everything

Use A Planner

Plan All Of Your Meals