

Weekly Goals

Name: _____ Date: _____

Week no. _____

Deadline	Priority	Goals	Tasks/actions	Status
	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed
	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed
	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed
	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed
	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed

Reflection (challenges, lessons learned, etc.):

Additional notes: