



TODAY'S PLAN of action



MUST DO TODAY OR ELSE



1

☐

2

☐

3

☐

MORNING

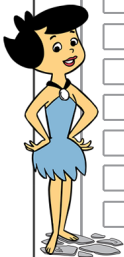
AFTERNOON

EVENING

Remember

- | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | brush teeth |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | make bed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | pick up dirty clothes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | pick up toys |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | laundry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | clean room |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | clean living room |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | bring toys back to room |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | use manners |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | be nice |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | try new foods |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | finish meals |

Household chores that need doing



THINGS TO DO

Write tomorrows plan!

