

Sunday

Monday

Tuesday

Wednesday

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5 .....

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7 .....

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Easter ☆

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MONTHLY GOALS

Personal

Health/Fitness

Home

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# APRIL

Thursday

Friday

Saturday

Notes

<p>1.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>2.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">Good Friday</p>	<p>3.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>8.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>9.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>10.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>15.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">Tax Day</p>	<p>16.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>17.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>22.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>23.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>24.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>29.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>30.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

## MONTHLY GOALS

**Family**

**Relationships**

**Hobbies/Interests**

<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"/> _____





Thursday, April 1

<b>Priorities</b>	<b>Home/Cleaning Tasks</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<b>Meal</b>	<b>Exercise</b>
<b>Read/Listen To</b>	<b>Connect with</b>
<b>Reference List</b>	<b>15 minutes Goals</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<b>Family Activities</b>	<b>Schedule</b>
	5:00
	6:00
	7:00
	8:00
	9:00
	10:00
	11:00
	12:00
	1:00
	2:00
	3:00
	4:00
	5:00
	6:00
	7:00
	8:00

**Friday, April 2** Good Friday

<b>Priorities</b>		<b>Home/Cleaning Tasks</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>Meal</b>		<b>Exercise</b>	
<b>Read/Listen To</b>		<b>Connect with</b>	
<b>Reference List</b>		<b>15 minutes Goals</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>Family Activities</b>	<b>Schedule</b>		
	5:00		
	6:00		
	7:00		
	8:00		
	9:00		
	10:00		
	11:00		
	12:00		
	1:00		
	2:00		
	3:00		
	4:00		
	5:00		
	6:00		
	7:00		
	8:00		

**Saturday, April 3**

<b>Priorities</b>	<b>Home/Cleaning Tasks</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<b>Meal</b>	<b>Exercise</b>
<b>Read/Listen To</b>	<b>Connect with</b>
<b>Reference List</b>	<b>15 minutes Goals</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<b>Family Activities</b>	<b>Schedule</b>
	5:00
	6:00
	7:00
	8:00
	9:00
	10:00
	11:00
	12:00
	1:00
	2:00
	3:00
	4:00
	5:00
	6:00
	7:00
	8:00

**Sunday, April 4**

<b>Priorities</b>		<b>Home/Cleaning Tasks</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>Meal</b>		<b>Exercise</b>	
<b>Read/Listen To</b>		<b>Connect with</b>	
<b>Reference List</b>		<b>15 minutes Goals</b>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<b>Family Activities</b>	<b>Schedule</b>		
	5:00		
	6:00		
	7:00		
	8:00		
	9:00		
	10:00		
	11:00		
	12:00		
	1:00		
	2:00		
	3:00		
	4:00		
	5:00		
	6:00		
	7:00		
	8:00		