

Daily To-Do

PLAN · DO · REVIEW

DATE _____

M

T

W

T

F

S

S

TOP 3 PRIORITIES

1

2

3

TASKS

TIME ★

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SCHEDULE

6a

7a

8a

9a

10a

11a

12p

1p

2p

3p

4p

5p

6p

7p

8p

9p

NOTES