

Remembering My Why

Meeting Schedule:

Location: _____

Day: _____ Time: _____

Location: _____

Day: _____ Time: _____

Location: _____

Day: _____ Time: _____

Location: _____

Day: _____ Time: _____

Location: _____

Day: _____ Time: _____

Location: _____

Day: _____ Time: _____

Location: _____

Day: _____ Time: _____

30 Days of Meetings Planner

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

My 30-Day Goal

30 Day Goal

Deadline

Plan of Action

Accomplished?

Meeting Days		
1 <input type="checkbox"/>	11 <input type="checkbox"/>	21 <input type="checkbox"/>
2 <input type="checkbox"/>	12 <input type="checkbox"/>	22 <input type="checkbox"/>
3 <input type="checkbox"/>	13 <input type="checkbox"/>	23 <input type="checkbox"/>
4 <input type="checkbox"/>	14 <input type="checkbox"/>	24 <input type="checkbox"/>
5 <input type="checkbox"/>	15 <input type="checkbox"/>	25 <input type="checkbox"/>
6 <input type="checkbox"/>	16 <input type="checkbox"/>	26 <input type="checkbox"/>
7 <input type="checkbox"/>	17 <input type="checkbox"/>	27 <input type="checkbox"/>
8 <input type="checkbox"/>	18 <input type="checkbox"/>	28 <input type="checkbox"/>
9 <input type="checkbox"/>	19 <input type="checkbox"/>	29 <input type="checkbox"/>
10 <input type="checkbox"/>	20 <input type="checkbox"/>	30 <input type="checkbox"/>

Dry/Clean Days		
1 <input type="checkbox"/>	11 <input type="checkbox"/>	21 <input type="checkbox"/>
2 <input type="checkbox"/>	12 <input type="checkbox"/>	22 <input type="checkbox"/>
3 <input type="checkbox"/>	13 <input type="checkbox"/>	23 <input type="checkbox"/>
4 <input type="checkbox"/>	14 <input type="checkbox"/>	24 <input type="checkbox"/>
5 <input type="checkbox"/>	15 <input type="checkbox"/>	25 <input type="checkbox"/>
6 <input type="checkbox"/>	16 <input type="checkbox"/>	26 <input type="checkbox"/>
7 <input type="checkbox"/>	17 <input type="checkbox"/>	27 <input type="checkbox"/>
8 <input type="checkbox"/>	18 <input type="checkbox"/>	28 <input type="checkbox"/>
9 <input type="checkbox"/>	19 <input type="checkbox"/>	29 <input type="checkbox"/>
10 <input type="checkbox"/>	20 <input type="checkbox"/>	30 <input type="checkbox"/>

Mood Tracker

Day	My Mood	Day	My Mood	Day	My Mood
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	

Attended Meetings

Day	Date	Location	Topic/Step
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
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21			
22			
23			
24			
25			
26			
27			
28			
29			
30			