

PRODUCTIVITY PLANNER

DATE: _____

TOP 3 MOST IMPORTANT TASKS

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

INSPIRATION

TOP PRIORITY

<input type="checkbox"/>	_____
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BREAKDOWN

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

TOMORROW'S MAIN TASKS

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

TODAY'S ACHIEVEMENT

<input type="checkbox"/>	_____
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QUOTE OF THE DAY