

WEEKLY PRIORITY LIST



WEEK OF: _____

MONDAY		<input checked="" type="checkbox"/>
1		
2		
3		
4		
5		

TUESDAY		<input checked="" type="checkbox"/>
1		
2		
3		
4		
5		

WEDNESDAY		<input checked="" type="checkbox"/>
1		
2		
3		
4		
5		

THURSDAY		<input checked="" type="checkbox"/>
1		
2		
3		
4		
5		

FRIDAY		<input checked="" type="checkbox"/>
1		
2		
3		
4		
5		

SATURDAY/SUNDAY		<input checked="" type="checkbox"/>
1		
2		
3		
4		
5		