

Weekly Intentionality...


Week Of: _____

At LEAST Once Every Week, With Joy and Gratitude:

<input type="checkbox"/> EFT/Meditation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Goal Review	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fitness/Activity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Care/Personal Growth:

Spirituality:



Family/Community:

Career/Life Purpose:




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