

SCHOOL DAY CHECKLIST

Name:

Today's Goal:

Date:

BEFORE SCHOOL

Mon Tues Wed Thurs Fri

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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AFTER SCHOOL

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