

School Work Planner



Password Tracker

WEBSITE	
EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE	
EMAIL	
CONTACT	
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NOTES	

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NOTES	

WEBSITE	
EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE	
EMAIL	
CONTACT	
PASSWORD	
NOTES	

DAILY PLANNER

DATE

Hourly schedule

05:00

06:00

07:00

08:00

09:00

10:00

11:00

12:00

13:00

14:00

15:00

16:00

17:00

18:00

19:00

20:00

21:00

My goals for today

Top 3

To-do today

To-do tomorrow

NOTES

Weekly Planner

	MON	TUE	WED	THU	FRI	SAT	SUN
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							

Lesson Plan

Lesson title:	Date:
Teacher Name:	Subject:
Outcome:	Indicators:
I Can Statements:	Materials and Resources:
Objectives: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Weekly Lesson Plan

WEEKLY GOALS

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

NOTES

Vision Planner

CORE PURPOSE :

CORE VALUES

1

2

3

4

5

WHO WE SERVE

WHAT'S IMPORTANT NOW

NORTH STAR GOAL

WHY WE'LL WIN

1 YEAR GOAL

Future date

Revenue

Profit

3 YEAR GOAL

Future date

Revenue

Profit

Gratitude Journal

DATE: _____

S M T W T F S

Today I'm grateful for







Today's Affirmation









Water Tracker



1L



2L



3L

Weather:



Notes / reminders:

Something I'm proud of









Tomorrow I look forward to









Daily Gratitude Journal

DATE: _____

PRIORITY OF THE DAY:

I'M GRATEFUL FOR...

☐

☐

☐

TODAY'S AFFIRMATION

☐

☐

☐

WATER INTAKE





















DAILY REFLECTION

MOOD TRACKER











THINGS I'M PROUD OF

☐

☐

☐

TOMORROW, I'M EXCITED FOR...

☐

☐

☐

Student Daily Planner

DATE: _____

S M T W T F S
● ● ● ● ● ● ●

SCHEDULE

06:00

07:00

08:00

09:00

10:00

11:00

12:00

13:00

14:00

15:00

16:00

17:00

18:00

19:00

TO DO LIST

●

●

●

●

●

●



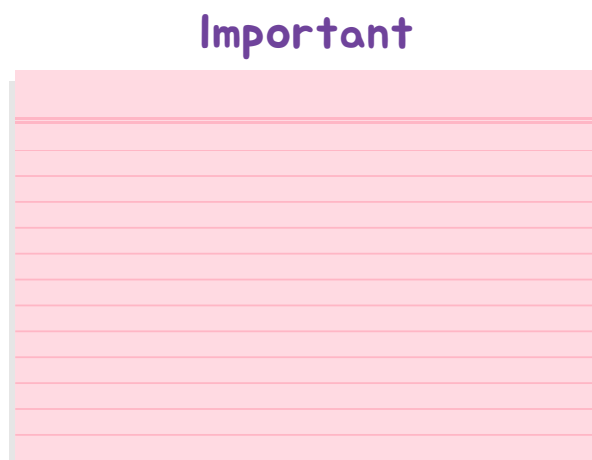
NOTE:

Bullet Journal

 **Ready To Do Today**




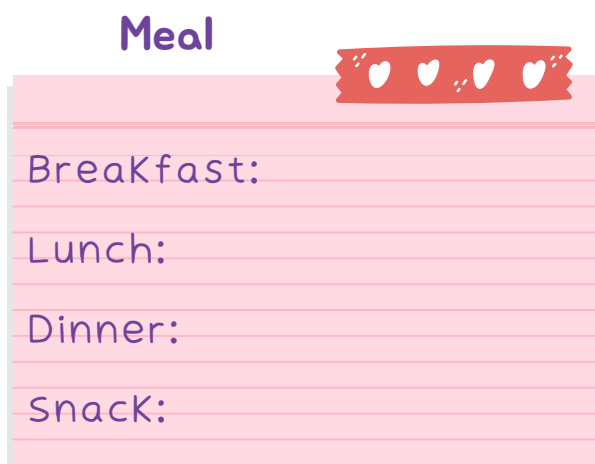
Important



Stay Hydrated



Meal



Breakfast:

Lunch:

Dinner:

Snack:

I Am Grateful For



Goal Action *plan*

GOAL	START DATE:	DUE DATE:
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GOAL PROGRESS:	0%	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													100%

ACTION STEPS

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POSSIBLE OBSTACLES

HOW TO OVERCOME OBSTACLES

My Wellness Planner



Date

Affirmation Words

Things to Do!

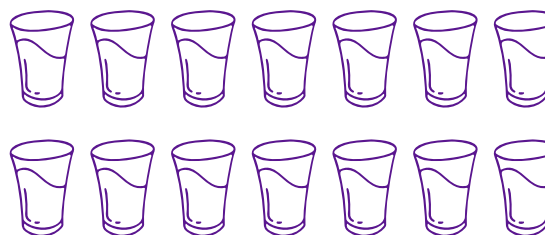
Mood



Notes

My Motivation

Water Tracking

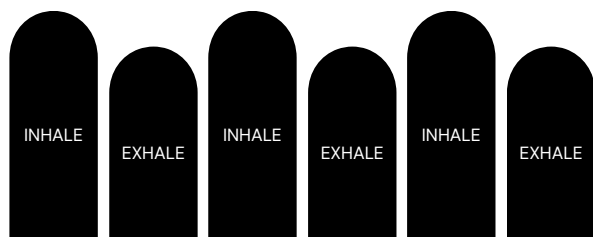


5 Minute Gratitude Journal

___/___/___

S M T W T H F S

Breath before writing



3 best thing about today

Things you're grateful today

*

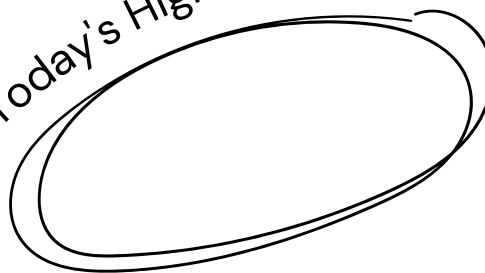
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Today's Highlight



Describe today in a drawing



Things that you learned

Today's Affirmation

To Do List

MONTH

DATE

TO DO

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PRIORITIES

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

NOTES

REMINDER

Monthly Planner

SUN	MON	TUE	WED	THU	FRI	SAT

EVENTS:

TO DO LIST:

Book Review

BOOK TITLE	AUTHOR

PAGE LENGTH _____

_____ FICTION _____ NON-FICTION

GENRES	READING STATUS
 	DATE STARTED DATE FINISHED

THE BOOK IN ONE SENTENCE

RATING



MY FAVORITE QUOTE

REVIEW

Reading Tracker

GOAL

WEEK OF

S

M

T

W

T

F

S

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

KEY PAGES



I DIDN'T
READ



I
READ



I FINISHED
A BOOK!

Book Review

Match the words to the number of stars:

not bad

really good

terrible

brilliant

average



Think about books you really like and don't like, and answer questions below:

What do you like about the book?

What do you dislike about the book?

Discussion: ask your classmates for their opinions about books you like or dislike. Do you agree? Whose taste in books is similar to yours?

Reading Lesson Plan

Prepared by Name Surname

GROUP

LEVEL

DATE

TITLE & GENRE

NEW WORDS & VOCABULARY

STORY & PLOT

ACTIVITY BEFORE READING

ACTIVITY AFTER READING

Course Planner

Course:

Lesson no:

Date:

No. of periods:

In class:

Homework:

Extra resources:

Adaptations:

Comments/Notes:

Name:
Classroom:

My Book Report

The Book's Name: _____
Its Author: _____

The number of
stars: 

Its characters

What happened in the story

What I like about the book

What I dislike about the book

NAME: _____ DATE: _____

Narrative Writing

IMAGINE

that you come across a hidden garden in the woods that only exists during the spring. Write about what you discover. Use the word bank for inspiration.

THINK BOX

Jot your story ideas down here:

WORD BANK

butterflies fluttering

blossoming flowers

secret sanctuary

babbling brook

misty meadows

WRITE YOUR STORY'S SETTING HERE:

Reading Tracker

TEXT BOOK																														
CLASS																														
CHAPTERS			SUPPLEMENTAL READING			NOTES																								
<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>7</td> <td>8</td> <td>9</td> </tr> <tr> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td>13</td> <td>14</td> <td>15</td> </tr> <tr> <td>16</td> <td>17</td> <td>18</td> </tr> <tr> <td>19</td> <td>20</td> <td>21</td> </tr> <tr> <td>22</td> <td>23</td> <td>24</td> </tr> </table>			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24				
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13	14	15																												
16	17	18																												
19	20	21																												
22	23	24																												

Study/Homework Tracker

Week:

Subject:	Assignment:	Due Date:	

REMINDERS:

[illegible]

Daily Attendance

CLASS:

DATE:

No	Student Name	Time In	Time Out	Signature
1				
2				
3				
4				
5				
6				
7				
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9				
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21				

30-Day Challenge

NEW HABIT:

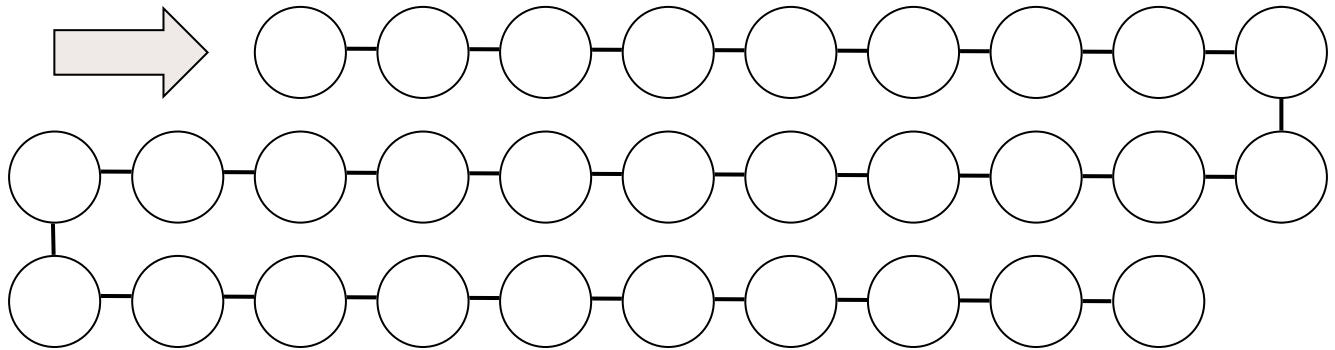
Why is this important for me?

Strenghts:

Weaknesses:

Reward:

Let's do this!



How did it go?

What did I learn?

RATE THIS CHALLENGE



Brain Dump

Month _____

All Tasks & Chores

▶	_____
▶	_____
▶	_____
▶	_____
▶	_____
▶	_____
▶	_____
▶	_____
▶	_____
▶	_____
▶	_____
▶	_____
▶	_____
▶	_____
▶	_____

Top Three Priority

★	_____
★	_____
★	_____

Group 1 Task

Due date

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Group 2 Task

Due date

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Notes

My Reading Log

Month _____

No.	Book Title	Author	Date	Page	My Thoughts

Best Book So Far

Notes



QUARTERLY PLANNER

January

February

March

Quarter 1

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

April

May

June

Quarter 2

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

Quarterly Goal Planner

DATE :

GOALS OVERVIEW

☐ _____

☐ _____

☐ _____

MONTH :

ACTION STEPS

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

MONTH :

ACTION STEPS

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

MONTH :

ACTION STEPS

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

ADDITIONAL

NOTES

The Goal Tracker

GOAL	MOTIVATION

START DATE :	PROJECTED DUE DATE :	DURATION :
--------------	----------------------	------------

ACTION PLAN	<input checked="" type="checkbox"/>	DATE :	ACTION STEPS
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

ROADBLOCKS	<input type="checkbox"/>	DATE :	ACTION STEPS

PROGRESS BAR : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE COMPLETED :
--	------------------

GOAL	MOTIVATION

START DATE :	PROJECTED DUE DATE :	DURATION :
--------------	----------------------	------------

ACTION PLAN	<input checked="" type="checkbox"/>	DATE :	ACTION STEPS
	<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"/>		

ROADBLOCKS	<input type="checkbox"/>	DATE :	ACTION STEPS

PROGRESS BAR : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE COMPLETED :
--	------------------

Smart Goals



Specific



Measureable



Attainable



Relevant



Time-based

Goal Setting

01

VISION

02

MISION

03

STRATEGY

04

ACTION STEPS

NOTE

Monthly Goals

month:

☐

☐

☐

Why is this important for me?

Strenghts:

Weaknesses:

Reward:

notes

how did it go?

Rate your goal

☐☐☐☐☐

[illegible]

Task Planner

Date:

To Do List

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

Appointment

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

Task Goals

- ☐
- ☐
- ☐

Urgent

- ☐
- ☐
- ☐

Notes

- ☐
- ☐
- ☐

Study Planner

DATE ____/____/____

SUBJECT _____

CHAPTERS

N

☐

N

☐

N

☐

N

☐

N

☐

N

☐

N

☐

N

☐

DAILY SCHEDULE

MORNING

AFTERNOON

EVENING

NOTE

Study Session Planner

Date: _____

Study Session Goal

Schedule	Time

Today's Top Three

1	
2	
3	

start Time End Time Done

Break Times Check List

Notes

Reward

Daily Study Plan

DATE:

WEEK:

TODAY SUBJECT

STUDY GOAL

SCHEDULE

7-8 AM	
8-9 AM	
9-10 AM	
10-11 AM	
11-12 AM	
12-1 PM	
1-2 PM	
2-3 PM	
3-4 PM	
4-5 PM	

TASKS	TIMES

Assignment Planner

CLASS:

DUE DATE:

ASSIGNMENT:

DONE ☐ YES ☐ NO ☐

DETAILS

TO DO

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

OVERVIEW

NOTES

Presentation Planner

COURSE:

DEADLINE:

PRESENTATION FILE:

DESCRIPTION

INTRODUCTION

NOTES

SECTION#1

SECTION#2

SECTION#3

SECTION#4

To - Do List

DATE	CHECKLIST
	<input type="checkbox"/> _____
	<input type="checkbox"/> _____
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Weekly To Do List

Monday

- ☐ _____
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- ☐ _____

Tuesday

- ☐ _____
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Wednesday

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- ☐ _____

Thursday

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- ☐ _____
- ☐ _____

Friday

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- ☐ _____

Weekend

- ☐ _____
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- ☐ _____

To-do List Checklist

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[illegible]