



Things I Need To Work On!

| | Name _____ | | | | | | Week _____ | thru _____ |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------|
| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | |
| | <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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How Did I Do? _____