# *Daily* Plan

**S M T W T F S** **Date:** _____

| Schedule | To Do | Quiet Time |
|---|---|---|
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | **Health** |
| 10 | | ☐ |
| 11 | | ☐ |
| 12 | | ☐ |
| 1 | | ☐ |
| 2 | | ☐ |
| 3 | | **Daily** |
| 4 | | Rest ☐ |
| 5 | | Chore ☐ |
| 6 | | Connect ☐ |
| 7 | | Dinner ☐ |
| 8 | | |

**Gratitude**

**Notes**