

_____’s Daily Checklist for HOPE

Goal:

Day	Checklist	Self-Feedback
Monday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I did well on... I could improve upon... I wonder why... Tomorrow I will try...
Tuesday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I did well on... I could improve upon... I wonder why... Tomorrow I will try...
Wednesday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I did well on... I could improve upon... I wonder why... Tomorrow I will try...
Thursday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I did well on... I could improve upon... I wonder why... Tomorrow I will try...
Friday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I did well on... I could improve upon... I wonder why... Tomorrow I will try...
Saturday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I did well on... I could improve upon... I wonder why... Tomorrow I will try...
Sunday	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I did well on... I could improve upon... I wonder why... Tomorrow I will try...