

The Together Group

TEMPLATES

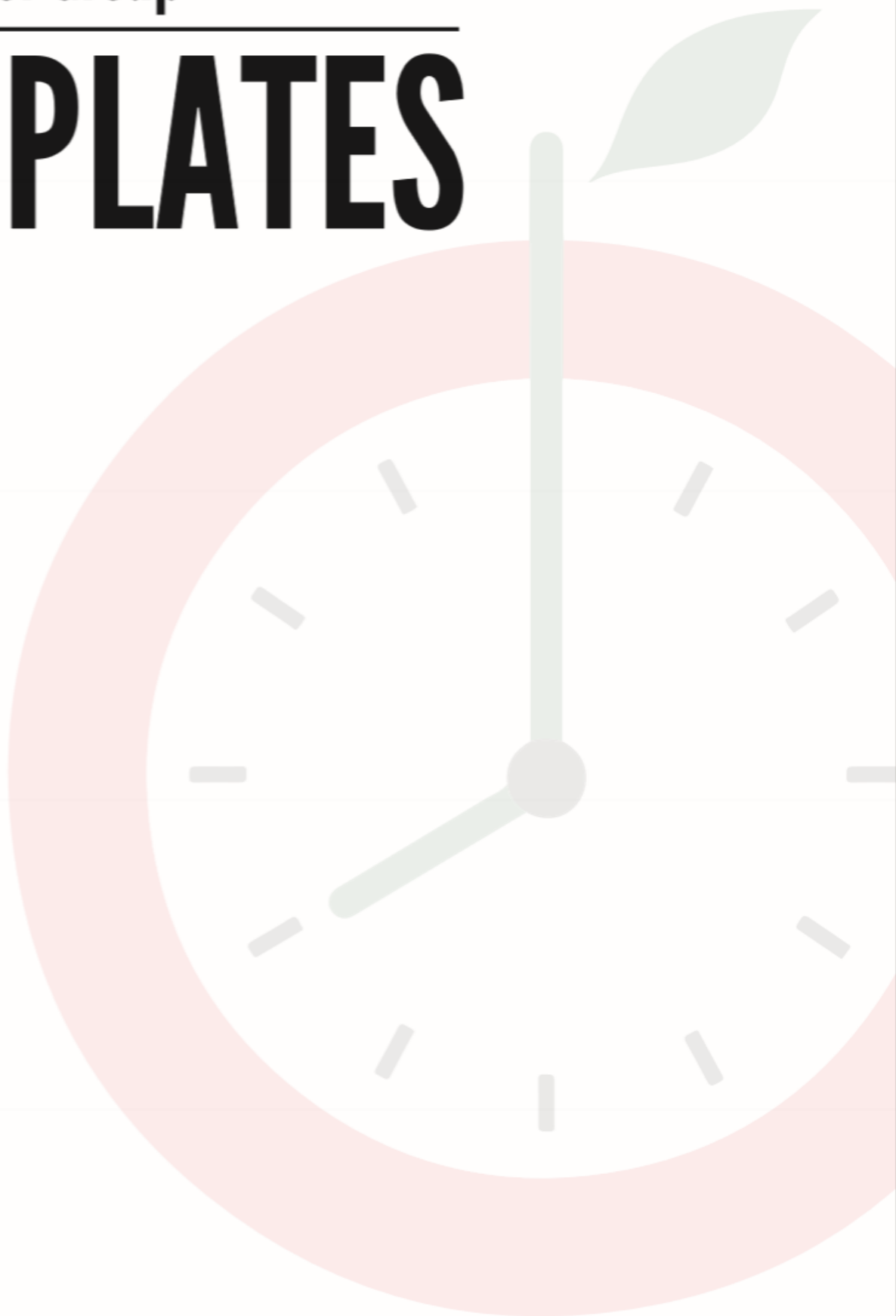




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Weekly Worksheet: Week of _____

	M	T	W	R	F	Weekend
Before School						
Lunch						
Prep						
After School						
Evening						

Follow Up	Personal	Next Week



Weekly Worksheet: Week of _____

Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Morning	Morning	Morning	Morning
7:00	7:00	7:00	7:00	7:00
7:30	7:30	7:30	7:30	7:30
8:00	8:00	8:00	8:00	8:00
8:30	8:30	8:30	8:30	8:30
9:00	9:00	9:00	9:00	9:00
9:30	9:30	9:30	9:30	9:30
10:00	10:00	10:00	10:00	10:00
10:30	10:30	10:30	10:30	10:30
11:00	11:00	11:00	11:00	11:00
11:30	11:30	11:30	11:30	11:30
12:00	12:00	12:00	12:00	12:00
12:30	12:30	12:30	12:30	12:30
1:00	1:00	1:00	1:00	1:00
1:30	1:30	1:30	1:30	1:30
2:00	2:00	2:00	2:00	2:00
2:30	2:30	2:30	2:30	2:30
3:00	3:00	3:00	3:00	3:00
3:30	3:30	3:30	3:30	3:30
4:00	4:00	4:00	4:00	4:00
4:30	4:30	4:30	4:30	4:30
5:00	5:00	5:00	5:00	5:00
Evening	Evening	Evening	Evening	Evening

Big To-Dos	Small To-Dos	Emails / Phone Calls
<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"/>	To-Dos for Next Week / Later List	Life To-Dos
<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"/>



Later List

July	August	September
October	November	December
January	February	March
April	May	June



Meeting with Myself Checklist

Daily Meeting

Clean Up	Prepare
<ul style="list-style-type: none">•••••••	<ul style="list-style-type: none">•••••••

Weekly Meeting

Clean Up	Prepare
<ul style="list-style-type: none">•••••••	<ul style="list-style-type: none">•••••••



Thought Catchers

Person _____	Person _____	Person _____

Team _____	Team _____	Team _____

Meeting _____	Meeting _____	Meeting _____



Meeting Notes

Meeting & Date: Participants:			
Notes	Actions	By Whom?	By When?

Meeting & Date: Participants:			
Notes	Actions	By Whom?	By When?

Meeting & Date: Participants:			
Notes	Actions	By Whom?	By When?