



Date: \_\_\_\_\_

Goal: \_\_\_\_\_

|     |       | Completed                |
|-----|-------|--------------------------|
| 1.  | _____ | <input type="checkbox"/> |
| 2.  | _____ | <input type="checkbox"/> |
| 3.  | _____ | <input type="checkbox"/> |
| 4.  | _____ | <input type="checkbox"/> |
| 5.  | _____ | <input type="checkbox"/> |
| 6.  | _____ | <input type="checkbox"/> |
| 7.  | _____ | <input type="checkbox"/> |
| 8.  | _____ | <input type="checkbox"/> |
| 9.  | _____ | <input type="checkbox"/> |
| 10. | _____ | <input type="checkbox"/> |
| 11. | _____ | <input type="checkbox"/> |
| 12. | _____ | <input type="checkbox"/> |
| 13. | _____ | <input type="checkbox"/> |
| 14. | _____ | <input type="checkbox"/> |
| 15. | _____ | <input type="checkbox"/> |

Total Possible Checks:

Total Achieved Checks: