

MONTHLY GOAL LIST

Month: _____

Year: _____

SPECIFIC GOAL: _____

MEASURE OF SUCCESS: _____

ACTIONS REQUIRED:	PRIORITY	DUE DATE	DONE
_____	_____	_____	_____
_____	_____	_____	_____

SPECIFIC GOAL: _____

MEASURE OF SUCCESS: _____

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_____	_____	_____	_____
_____	_____	_____	_____

SPECIFIC GOAL: _____

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_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____