

A soft pink background featuring a partial view of a white keyboard in the top left, a brown textured notebook with a black pen in the top right, and a spiral-bound notebook with a pencil in the bottom right. The text 'Intentional Year Planner 2024' is centered in a blue script font.

'Intentional Year' Planner 2024



The key is
not to prioritize your
schedule but to
schedule your
priorities.

- Steven Covey



Yearly Overview

2024

JANUARY

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

FEBRUARY

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

MARCH

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

APRIL

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

MAY

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

JUNE

- ☐ _____
- ☐ _____
- ☐ _____
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- ☐ _____
- ☐ _____

JULY

- ☐ _____
- ☐ _____
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- ☐ _____

AUGUST

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

SEPTEMBER

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

OCTOBER

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

NOVEMBER

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

DECEMBER

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____



Goals Planner

2024

WEALTH:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

HEALTH:

- ☐ _____
- ☐ _____
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- ☐ _____

FAMILY:

- ☐ _____
- ☐ _____
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- ☐ _____

LOVE:

- ☐ _____
- ☐ _____
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- ☐ _____

CAREER:

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- ☐ _____

FRIENDS:

- ☐ _____
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- ☐ _____
- ☐ _____

SPIRITUAL:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
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- ☐ _____
- ☐ _____
- ☐ _____

KNOWLEDGE:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

OTHER:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____



Monthly Planner

MONTH:



SUN	MON	TUE	WED	THU	FRI	SAT

HOW DID LAST MONTH GO?	GOALS: 1. 2. 3.	TO-DO LIST
WHAT ARE YOU LOOKING FORWARD TO THIS MONTH?		<div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div>

[illegible]

NOTES:



Weekly Checklist

MONTH:

WEEK:

CHECKLIST:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<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"/>

NOTES:



Daily Planner

DATE:



SCHEDULE - TIME BLOCKING		TOP 3 GOALS:	
6:00		1.	
7:00			
8:00			
9:00			
10:00			
11:00			
12:00		2.	
1:00			
2:00			
3:00			
4:00			
5:00			
6:00		3.	
7:00			
8:00			

TO-DO LIST	
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____

HABITS	Y/N

NOTES: