

OPWD GOAL SHEET

Goal of the Month: _____

DAY 1	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 17	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 2	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 18	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 3	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 19	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 4	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 20	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 5	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 21	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 6	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 22	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 7	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 23	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 8	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 24	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 9	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 25	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 10	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 26	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 11	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 27	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 12	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 28	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 13	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 29	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 14	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 30	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 15	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no	DAY 31	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no
DAY 16	What is my goal? _____ Did I meet it? <input type="checkbox"/> yes <input type="checkbox"/> no		