



Name: _____ Sport: _____ Week #: _____ I'm feeling: 👍 🤔 🙌 🙏 🏆 🥳 🍷 🍻 🍺 🍹 🍸 🍾 🍷 🍻 🍺 🍹 🍸 🍾

What's on your mind:

I'm proud of:

I want to improve on:

Athletics Academic Game Plan

Class:		
Assignment	Due Date	Complete
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Current Overall Grade:		Newest Grades Posted:

Class:		
Assignment	Due Date	Complete
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Current Overall Grade:		Newest Grades Posted:

Class:		
Assignment	Due Date	Complete
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Current Overall Grade:		Newest Grades Posted:

Class:		
Assignment	Due Date	Complete
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Current Overall Grade:		Newest Grades Posted:

Class:		
Assignment	Due Date	Complete
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Current Overall Grade:		Newest Grades Posted:



Weekly To Do List:

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

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

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

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

FRIDAY/WEEKEND	
	<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: