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| Client Name: |  | Week of: |  |

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| **This week’s primary goal:** | | | |
| **Why it’s important:** | | | |
| **STEPS TO GET THERE** | | | |
| Actions I’ll Take | | Target Date To Master It | Priority |
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| **OBSTACLES I’LL FACE** | **HOW I PLAN TO OVERCOME THEM** | | |
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| **END OF THE WEEK REVIEW** | | | |
| What Went Well | What Needs More Attention | | |
|  |  | | |