

LIST YOUR GOALS BELOW

(For more details on developing your own personal, professional, lifestyle and leisure goals, please see *The Success Principles: How to Get From Where You Are to Where You Want to Be...*, pages 32-33.)

Financial & Wealth Goals
Career Goals
Free Time Goals
Health & Appearance Goals
Relationship Goals
Personal Development Goals
Community & Charity Goals

HIGH ACHIEVERS 90-DAY SUCCESS FOCUSING SYSTEM

Each week for 90 days, write down three action items that, when accomplished, will move you closer to achieving your goals at left. Choose either three action items all focused toward a single goal or three things that will help you meet multiple goals. Be sure to contact your accountability partner as you write down and then accomplish your action items.

Week 1	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	
Week 2	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	
Week 3	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	
Week 4	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	
Week 5	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	
Week 6	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	

Accountability Partner's Name _____
 Partner's Phone (_____) _____
 Partner's Email _____

Week 7	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	
Week 8	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	
Week 9	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	
Week 10	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	
Week 11	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	
Week 12	Accountability Partner Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no
1	
2	
3	