

DECLUTTERING PLANNER

Room: _____

Goal: _____

start date: _____

deadline: _____

ACTION PLAN:

| <input type="checkbox"/> | <i>action step</i> | <i>deadline</i> |
|--------------------------|--------------------|-----------------|
| <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"/> | | |

notes

