

# My 30-Day Focus™



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Month's Goal Implementation	Top 5 Goals
What worked?	
What did not?	
Improvement ideas:	



Top 2 Goals	Mini Project Pitch™	
	Describe the idea:	Who will benefit?
	Best outcome if we do it?	
	Worst outcome if we don't do it?	
	To be a success, what criterion needs to have happened?	
Insights & Ideas:	Project name:	Next action?
	Project leader:	