

# 2026

## GOAL PLANNER

# GOAL PLANNER

## How to Use This Goal Planner

This planner is designed to support you — not pressure you.

There is no need to fill every page or follow a strict system.

Start with **one simple goal** or intention. Write what matters to you right now, not what you think you should be doing. Short answers are enough.

Use the planner in **small layers**:

- Reflect on your goals first
- Choose a gentle monthly focus
- Plan simple weekly or daily actions
- Track only habits that truly support you

You don't need to use every page. Skip what feels heavy. Return when you're ready.

Use reflection pages to notice what's working and what needs adjustment — without judgment. Progress comes from awareness, not perfection.

This planner is flexible. You can use it digitally or in print, daily or occasionally. Let it move with your life.

Small steps, taken consistently, create real change. 🌱

# MY DREAMS

WHAT ARE THE TOP 10 THINGS I WANT IN LIFE?

1

2

3

4

5

1

2

3

4

5

WHICH ONES ARE THE MOST URGENT

WHAT CAN I DO IN THE NEXT 30 DAYS TO GET ME CLOSER TO THIS DESIRE?

WHAT ARE OTHER MILESTONES TO REACH TO GET ME THERE

OBSTACLES & CHALLENGES

HOW TO OVERCOME

# VISION BOARD

HEALTH

RELATIONSHIPS

MONEY

TRAVEL

FAMILY

CAREER

HOBBIES

KNOWLEDGE

LIFESTYLE

# VISION BOARD

PHYSICAL

INTELECTUAL

EMOTIONAL

SPIRITUAL

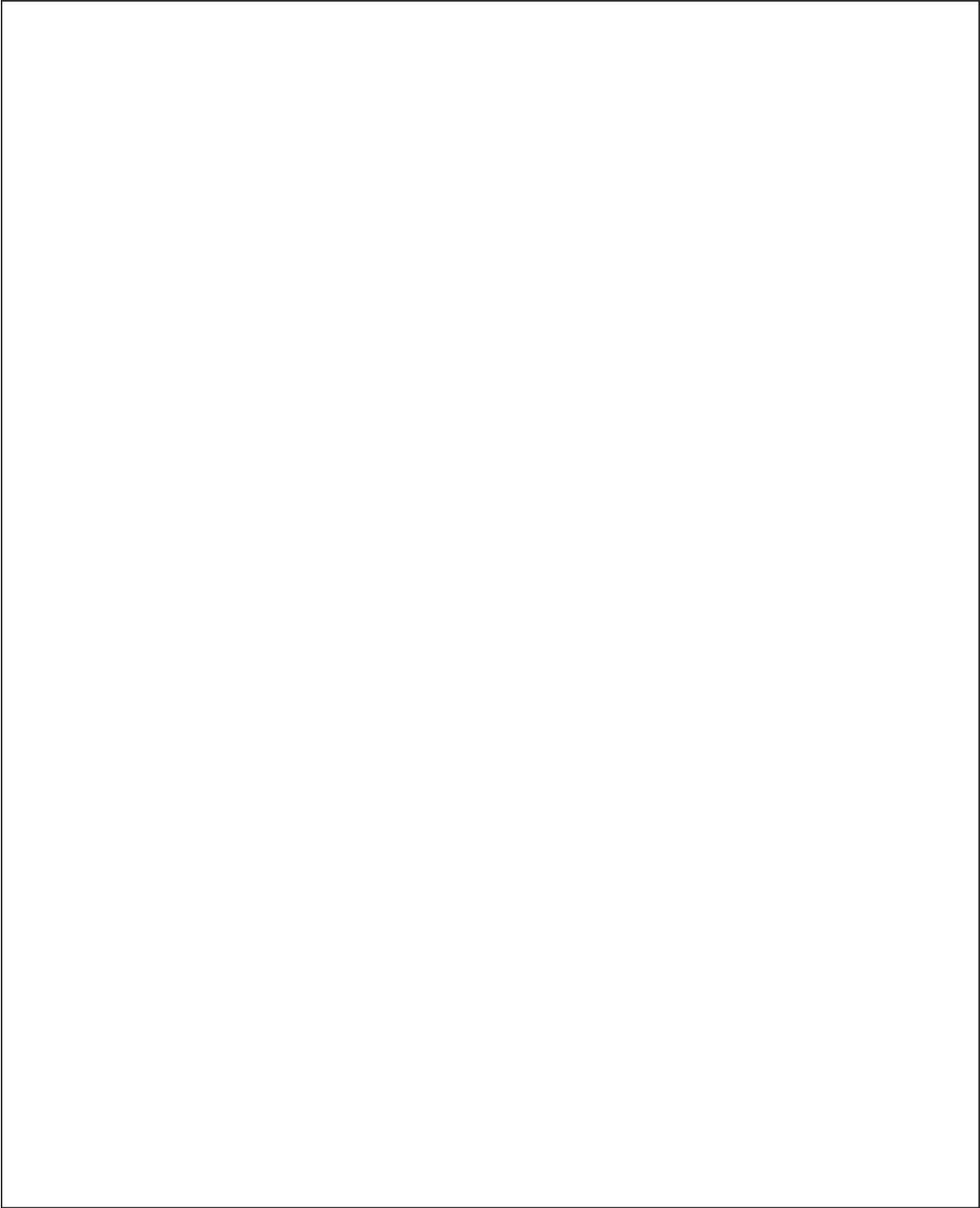
FINANCIAL

OCCUPATIONAL

SOCIAL

ENVIROMENTAL

# VISION BOARD



# MY GOALS

|         |  |
|---------|--|
| GOALS-1 |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |

|         |  |
|---------|--|
| GOALS-2 |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |

|         |  |
|---------|--|
| GOALS-3 |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |

|         |  |
|---------|--|
| GOALS-4 |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |

|         |  |
|---------|--|
| GOALS-5 |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |

# MY LIFE GOALS

|               | 1 YEAR | 3 YEARS | 5 YEARS |
|---------------|--------|---------|---------|
| HEALTH        |        |         |         |
| RELATIONSHIPS |        |         |         |
| FINANCIAL     |        |         |         |
| PERSONAL      |        |         |         |
| TRAVEL        |        |         |         |
| CAREER        |        |         |         |

# LONGTERM GOALS

## 1 YEAR GOALS

|  |
|--|
|  |
|--|

## ACTION STEPS

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |

## 3 YEAR GOALS

|  |
|--|
|  |
|--|

## ACTION STEPS

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |

## 5 YEAR GOALS

|  |
|--|
|  |
|--|

## ACTION STEPS

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |

## 10 YEAR GOALS

|  |
|--|
|  |
|--|

## ACTION STEPS

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |

# MY GOALS

|    |  |
|----|--|
| 1  |  |
| 2  |  |
| 3  |  |
| 4  |  |
| 5  |  |
| 6  |  |
| 7  |  |
| 8  |  |
| 9  |  |
| 10 |  |
| 11 |  |
| 12 |  |
| 13 |  |
| 14 |  |
| 15 |  |

# GOAL PLANNER

|        |                    |
|--------|--------------------|
| GOAL-1 | WHY IT'S IMPORTANT |
|        |                    |
|        | MEASURABLE OUTCOME |
|        |                    |

|        |                    |
|--------|--------------------|
| GOAL-2 | WHY IT'S IMPORTANT |
|        |                    |
|        | MEASURABLE OUTCOME |
|        |                    |

# GOAL SETTING

GOALS

ACTION TO TAKE

MOTIVATIONS

STEPS

POTENTIAL PROBLEMS

NOTES

# GOAL PLANNER

| GOALS                                                              |
|--------------------------------------------------------------------|
|                                                                    |
| ACHIEVED: YES <input type="checkbox"/> NO <input type="checkbox"/> |

| ACTION STEPS             |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

| GOALS                                                              |
|--------------------------------------------------------------------|
|                                                                    |
| ACHIEVED: YES <input type="checkbox"/> NO <input type="checkbox"/> |

| ACTION STEPS             |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

| GOALS                                                              |
|--------------------------------------------------------------------|
|                                                                    |
| ACHIEVED: YES <input type="checkbox"/> NO <input type="checkbox"/> |

| ACTION STEPS             |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

| GOALS                                                              |
|--------------------------------------------------------------------|
|                                                                    |
| ACHIEVED: YES <input type="checkbox"/> NO <input type="checkbox"/> |

| ACTION STEPS             |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

# DAILY GOAL PLANNER

TODAY'S MAIN GOAL

TODAY I AM GRATEFUL FOR

1

2

3

PRIORITIES

1

2

3

3 NON-NEGOTIABLES FOR TODAY

1

2

3

TASKS

☐☐☐☐☐☐☐☐

TIME

SCHEDULE

THOUGHTS & IDEAS:

NOTES

# WEEKLY GOAL PLANNER

| MAIN FOCUS |  |
|------------|--|
|            |  |

| GOALS                    | WHY |
|--------------------------|-----|
| <input type="checkbox"/> |     |
| <input type="checkbox"/> |     |
| <input type="checkbox"/> |     |
| <input type="checkbox"/> |     |
| <input type="checkbox"/> |     |
| <input type="checkbox"/> |     |

| ACTION STEPS             | DUE DATE |
|--------------------------|----------|
| <input type="checkbox"/> |          |
| <input type="checkbox"/> |          |
| <input type="checkbox"/> |          |
| <input type="checkbox"/> |          |
| <input type="checkbox"/> |          |

| HABITS                   |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

| MOTIVATION |
|------------|
|            |

# WEEKLY GOALS

| FOCUS FOR THE WEEK       | THURSDAY                 |
|--------------------------|--------------------------|
|                          | <input type="checkbox"/> |
|                          | <input type="checkbox"/> |
|                          | <input type="checkbox"/> |
|                          | <input type="checkbox"/> |
|                          | <input type="checkbox"/> |
| MONDAY                   | FRIDAY                   |
| <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"/> |
| TUESDAY                  | SATURDAY                 |
| <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"/> |
| WEDNESDAY                | SUNDAY                   |
| <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"/> |

# MONTHLY GOAL PLANNER

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

# MONTHLY GOAL PLANNER

| MY GOALS                 |  | MY WHY                   |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> |  |                          |  |
| <input type="checkbox"/> |  |                          |  |
| <input type="checkbox"/> |  |                          |  |
| <input type="checkbox"/> |  |                          |  |
| <input type="checkbox"/> |  |                          |  |
| <input type="checkbox"/> |  | ACTION STEPS             |  |
| <input type="checkbox"/> |  | <input type="checkbox"/> |  |
|                          |  | <input type="checkbox"/> |  |
|                          |  | <input type="checkbox"/> |  |
|                          |  | <input type="checkbox"/> |  |
|                          |  | <input type="checkbox"/> |  |
|                          |  | <input type="checkbox"/> |  |
| TOP PRIORITIES           |  |                          |  |
| <input type="checkbox"/> |  |                          |  |
| <input type="checkbox"/> |  |                          |  |
| <input type="checkbox"/> |  |                          |  |

| MON | TUE | WED | THU | FRI | SAT | SUN |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     |     |
|     |     |     |     |     |     |     |
|     |     |     |     |     |     |     |
|     |     |     |     |     |     |     |
|     |     |     |     |     |     |     |
|     |     |     |     |     |     |     |

| NOTES |
|-------|
|       |

# MONTHLY GOAL CALENDAR

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY |
|--------|---------|-----------|----------|
|        |         |           |          |
|        |         |           |          |
|        |         |           |          |
|        |         |           |          |
|        |         |           |          |
|        |         |           |          |

| TO-DO LIST |
|------------|
|------------|

|                       |  |
|-----------------------|--|
| <input type="radio"/> |  |
| <input type="radio"/> |  |
| <input type="radio"/> |  |
| <input type="radio"/> |  |
| <input type="radio"/> |  |

|                       |  |
|-----------------------|--|
| <input type="radio"/> |  |
| <input type="radio"/> |  |
| <input type="radio"/> |  |
| <input type="radio"/> |  |
| <input type="radio"/> |  |

# MONTHLY GOAL CALENDAR

| FRIDAY | SATURDAY | SUNDAY |
|--------|----------|--------|
|        |          |        |
|        |          |        |
|        |          |        |
|        |          |        |
|        |          |        |
|        |          |        |
|        |          |        |
|        |          |        |

| IMPORTANT |
|-----------|
|           |
|           |
|           |
|           |
|           |
|           |

| GOALS FOR NEXT MONTH |
|----------------------|
|                      |
|                      |
|                      |
|                      |
|                      |

| NOTES |
|-------|
|       |
|       |
|       |
|       |
|       |

# QUARTERLY GOALS

[illegible]

# YEARLY GOAL PLANNER

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

# SMART GOALS

BE SURE TO FOLLOW THE SMART STRUCTURE WHEN SETTING GOALS.  
CREATE YOUR GOALS USING THE QUESTIONS BELOW.

**S**

## SPECIFIC

SET REAL NUMBERS WITH REAL NUMBERS. WHAT  
DO I WANT TO ACCOMPLISH?

**M**

## MEASURABLE

MAKE SURE YOUR GOAL IS TRACKABLE. HOW WILL I  
KNOW WHEN IT IS ACCOMPLISHED?

**A**

## ACHIEVABLE

LIST. HOW CAN THE GOAL BE ACCOMPLISHED?

**R**

## RELEVANT

BE HONEST.  
DOES THIS SEEM WORTHWHILE?

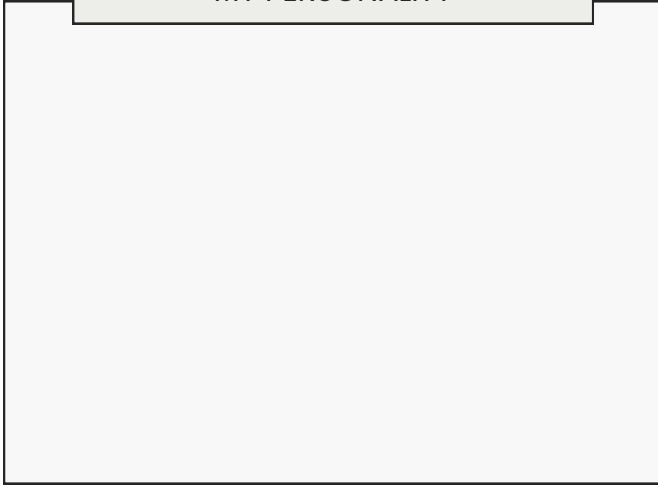
**T**

## TIME BOUND

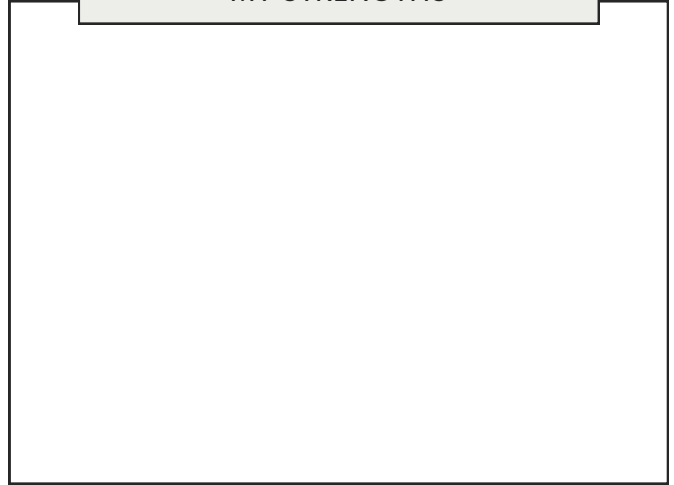
GIVE YOURSELF A DEADLINE. WHEN CAN I  
ACCOMPLISH  
THIS GOAL?

# ALL ABOUT ME

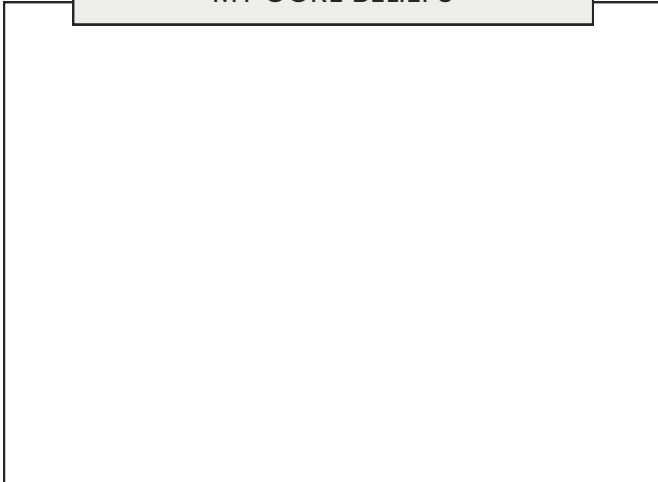
MY PERSONALITY



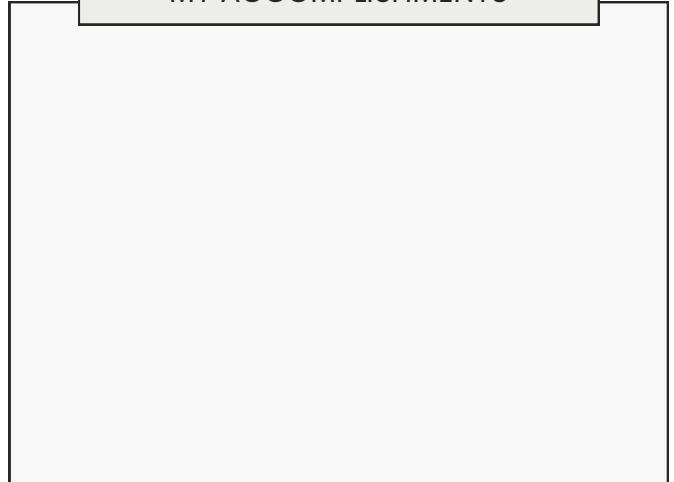
MY STRENGTHS



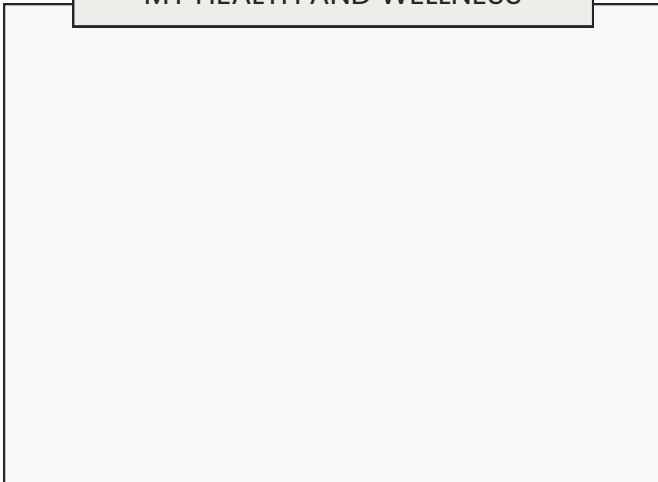
MY CORE BELIEFS



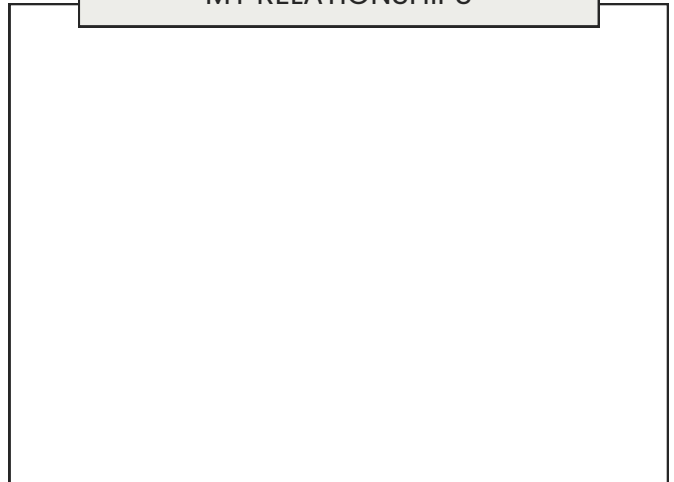
MY ACCOMPLISHMENTS



MY HEALTH AND WELLNESS



MY RELATIONSHIPS



# MY BEST VERSION

[illegible][illegible]

# MOTIVATION

PODCASTS

BOOKS

BLOGS

VIDEOS

CREATORS

SONGS

# INSPIRATION

PODCASTS

BOOKS

BLOGS

VIDEOS

CREATORS

SONGS

# MOOD TRACKER

A collection of 31 numbered circles arranged in a roughly circular pattern. Each circle is intended to be filled with a color corresponding to a mood. The numbers 1 through 31 are placed inside small grey circles at the top of each larger circle.

- ☐ OVERJOYED
- ☐ HAPPY
- ☐ EXCITED
- ☐ SAD
- ☐ STRESSED

# ACHIEVE MY GOALS

MY TOP 3 GOALS

WHY DO I WANT TO ACHIEVE THIS?

WHO DO I NEED TO BECOME TO ACHIEVE THESE GOALS

WHAT HABITS DO I NEED TO FORM

# GOAL REVIEW

|               |                |
|---------------|----------------|
| GOAL          |                |
|               |                |
| ACHIEVEMENTS  | WHAT WENT WELL |
|               |                |
| HOW DO I FEEL | NEXT STEPS     |
|               |                |

|               |                |
|---------------|----------------|
| GOAL          |                |
|               |                |
| ACHIEVEMENTS  | WHAT WENT WELL |
|               |                |
| HOW DO I FEEL | NEXT STEPS     |
|               |                |

# CHALLENGES & SOLUTIONS

[illegible]

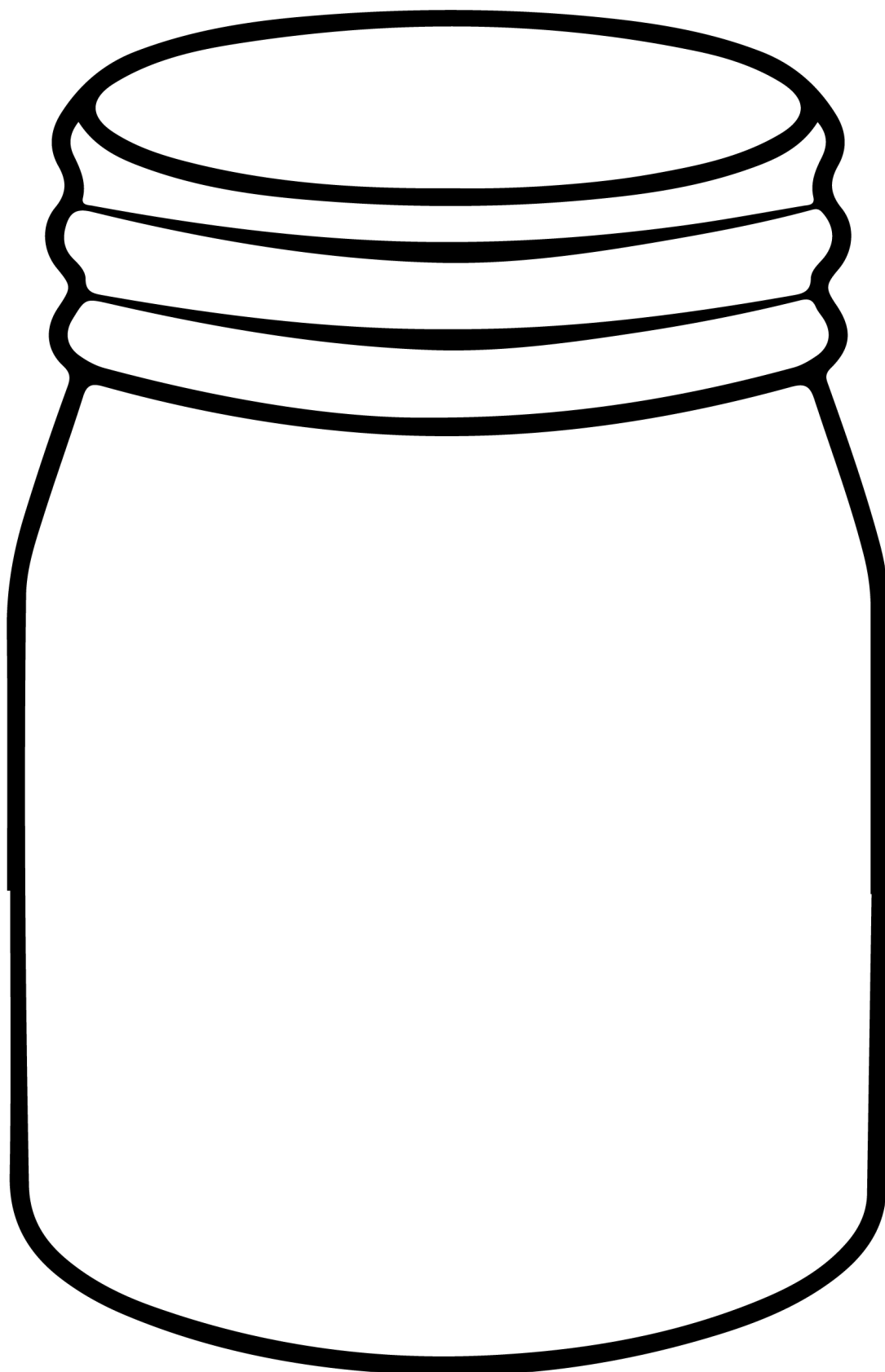
# DAILY GRATITUDE

TODAY I'M GRATEFUL FOR

I AM FEELING

NOTES

# GRATITUDE JAR



# GRATITUDE JOURNAL

TODAY I AM GRATEFUL FOR...

WHY

I AM LOOKING FORWARD TO

THOUGHTS OF THE DAY

NOTES

PLAN FOR TOMORROW

# VISUALIZATION

WHAT I SAW

WHAT I FELT

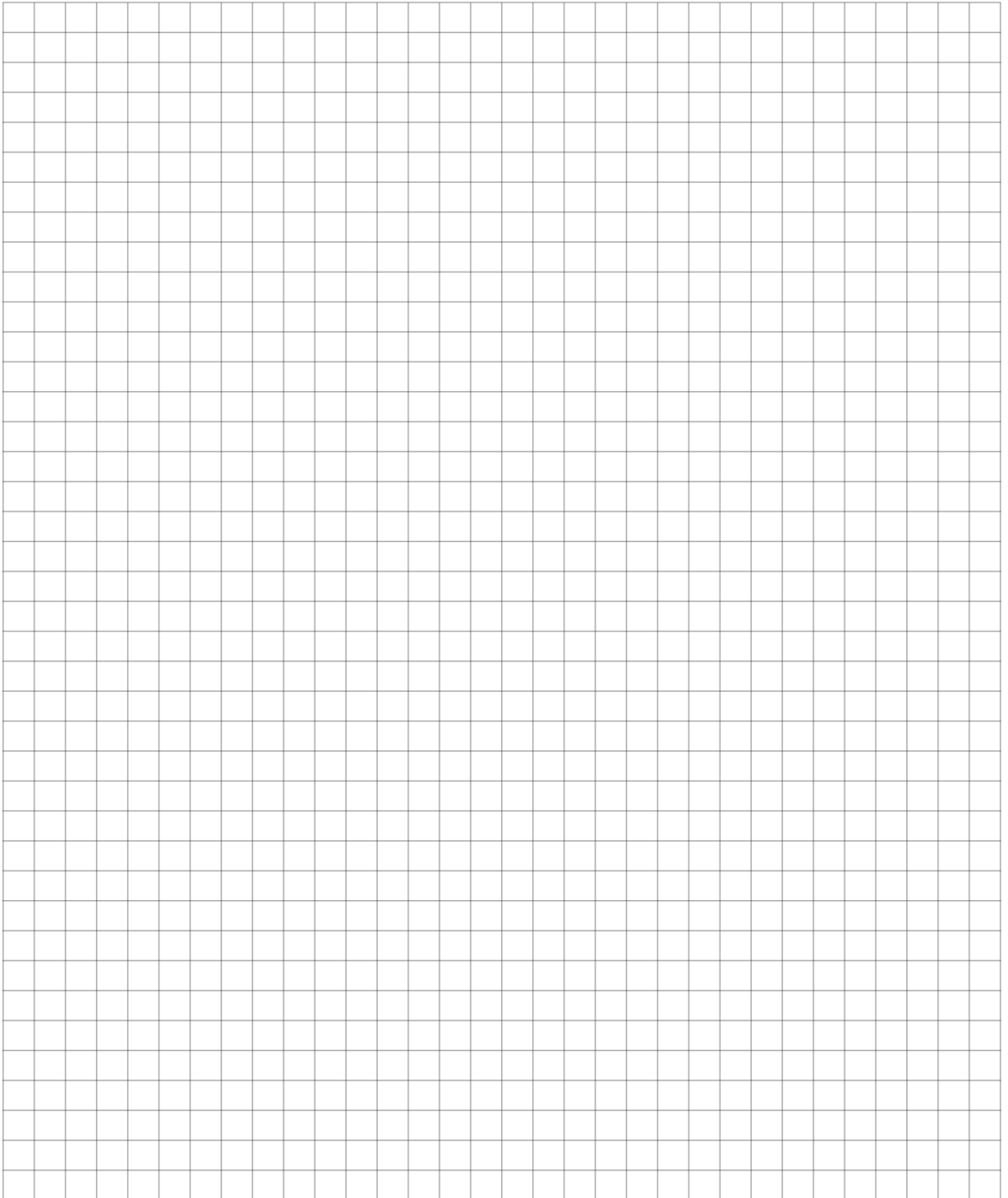
WHAT I COULD SEE, HEAR, SMELL, TOUCH, TASTE

NOTES

[illegible]

[illegible]

# NOTES



# NOTES

