

Name: _____

1. Label the blocks for each class.
2. Fill in the blocks for your daily sleep pattern
3. Fill in the blocks for your work schedule
4. Fill in the blocks for personal hygiene (mornnig routine).
5. If you have a spouse then fill in time for spouse time.
6. If you have children, then fill in time for child support time.
7. Fill in time for eating (breakfast, lunch, dinner).
8. Fill in time for different transportation patterns throughout each day.
9. Label yout study time. Three hours per day for AP and then other classes.
10. There are only 168 hrs in a week

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
12 AM							
1 AM							
2 Am							
3 AM							
4 AM							
5 AM							
6 AM							
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 PM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							
10 PM							
11 PM							