

Student 'Systems' Checklist

Getting Things Done ...

Name _____ Today's Date _____

Directions: Please CHECK those systems that you currently have in place and that work for you.
Please CIRCLE or highlight those systems you want to implement or improve.

_____ I have a system (calendar, day planner) for keeping track of my daily schedule

_____ I have a system for handling my mail and/or email

_____ I have a system for keeping track of my keys

_____ I have a system for keeping track of my backpack

_____ I have a system for keeping track of my mobile phone

_____ I have a system for keeping track of school papers

_____ I have a system for de-cluttering on a regular basis

_____ I have a system for doing my laundry

_____ I have a system for making sure I eat healthy, nutritious foods

_____ I have a system for exercising on a regular basis (at least 3 times a week)

_____ I have a routine for getting out of the house on time in the morning

_____ IF I have sleep problems, I have a system/routine/ritual for transitioning to sleep

_____ IF I have short term memory problems, I have developed checklists to help me take everything I need to school, work, or appointments

_____ I have a system (timers, non-digital clock, alarms) for sticking to my schedule

_____ I have a system for monitoring whether or not I am on task at various times

_____ IF I take medication, I have a system for taking my medication on time

_____ I have a system for making sure I have at least one half-hour renewal/relaxing time daily