

Advisor: _____

Week of: _____

Assistant: _____

Weekly Planner

Days	Actions	Follow-Up
Day 1	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	<div style="display: flex; justify-content: space-between;"> Linked-In Twitter Facebook Other </div>	
Day 2	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	<div style="display: flex; justify-content: space-between;"> Linked-In Twitter Facebook Other </div>	
Day 3	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	<div style="display: flex; justify-content: space-between;"> Linked-In Twitter Facebook Other </div>	
Day 4	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	<input type="checkbox"/>	RediNest <input type="checkbox"/>
	Identify Center of Influence (COI): _____	

Notes