

EAIFO - To Do List

Name: _____

Date: _____

	Task	Notes	Complete
H I G H	1. _____	_____	<input type="checkbox"/>
	2. _____	_____	<input type="checkbox"/>
	3. _____	_____	<input type="checkbox"/>
	4. _____	_____	<input type="checkbox"/>
	5. _____	_____	<input type="checkbox"/>
M E D I U M	1. _____	_____	<input type="checkbox"/>
	2. _____	_____	<input type="checkbox"/>
	3. _____	_____	<input type="checkbox"/>
	4. _____	_____	<input type="checkbox"/>
	5. _____	_____	<input type="checkbox"/>
L O W	1. _____	_____	<input type="checkbox"/>
	2. _____	_____	<input type="checkbox"/>
	3. _____	_____	<input type="checkbox"/>
	4. _____	_____	<input type="checkbox"/>
	5. _____	_____	<input type="checkbox"/>