

# Completion List

Fill in the blanks.

|    | Item to Complete | Do By / Accountability | Date Complete |
|----|------------------|------------------------|---------------|
| 1  |                  |                        |               |
| 2  |                  |                        |               |
| 3  |                  |                        |               |
| 4  |                  |                        |               |
| 5  |                  |                        |               |
| 6  |                  |                        |               |
| 7  |                  |                        |               |
| 8  |                  |                        |               |
| 9  |                  |                        |               |
| 10 |                  |                        |               |
| 11 |                  |                        |               |
| 12 |                  |                        |               |
| 13 |                  |                        |               |
| 14 |                  |                        |               |
| 15 |                  |                        |               |
| 16 |                  |                        |               |
| 17 |                  |                        |               |
| 18 |                  |                        |               |
| 19 |                  |                        |               |
| 20 |                  |                        |               |

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