

# FORM — A

## Justwyn Model: Defining The Objective

LIFE OBJECTIVE



Talent:
Talent:
Talent:
Talent:
Talent:

# FORM — B

## SWOT Analysis

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Strengths / Talents

Weaknesses

Opportunities

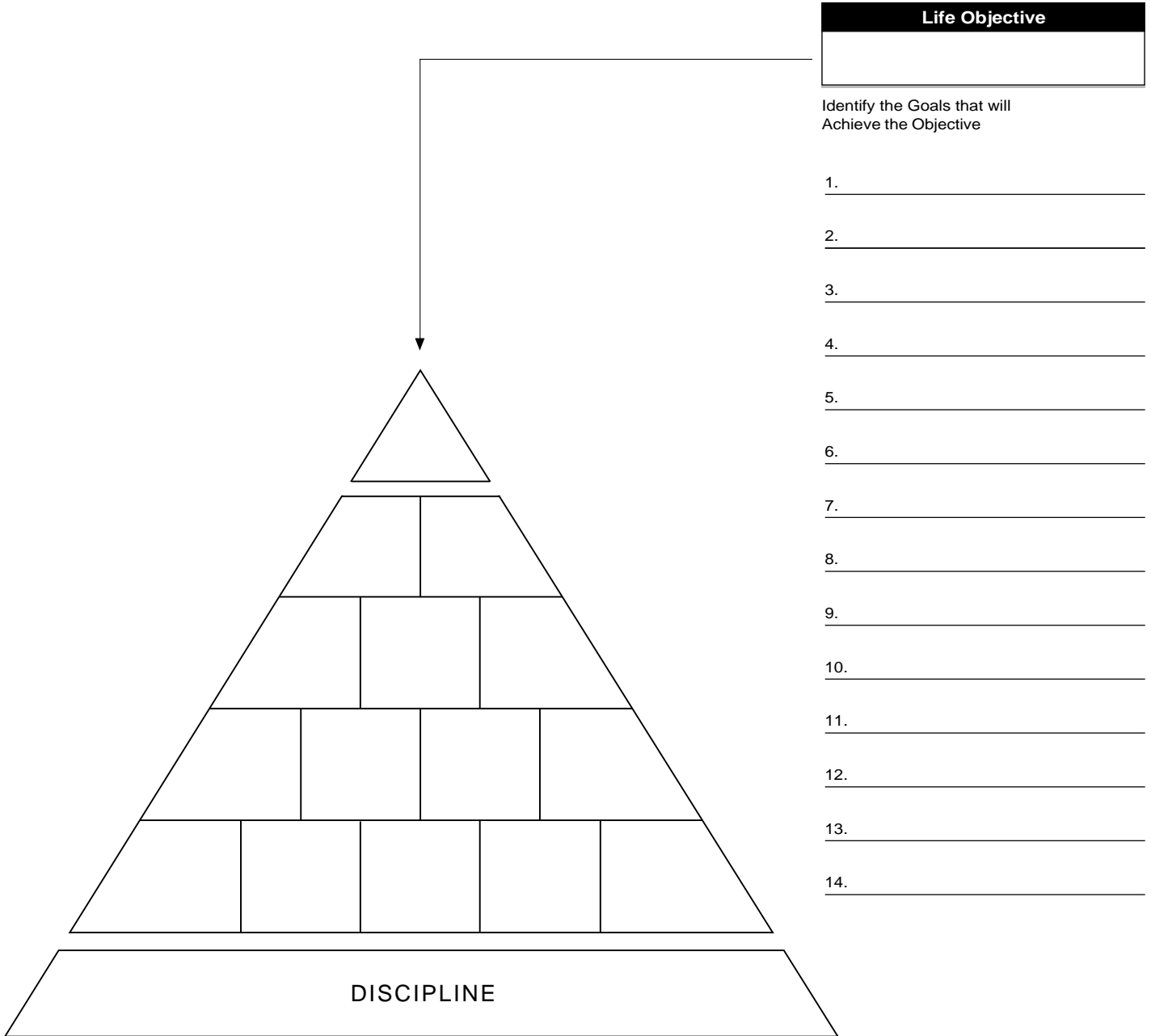
Threats

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Appendix — Form B

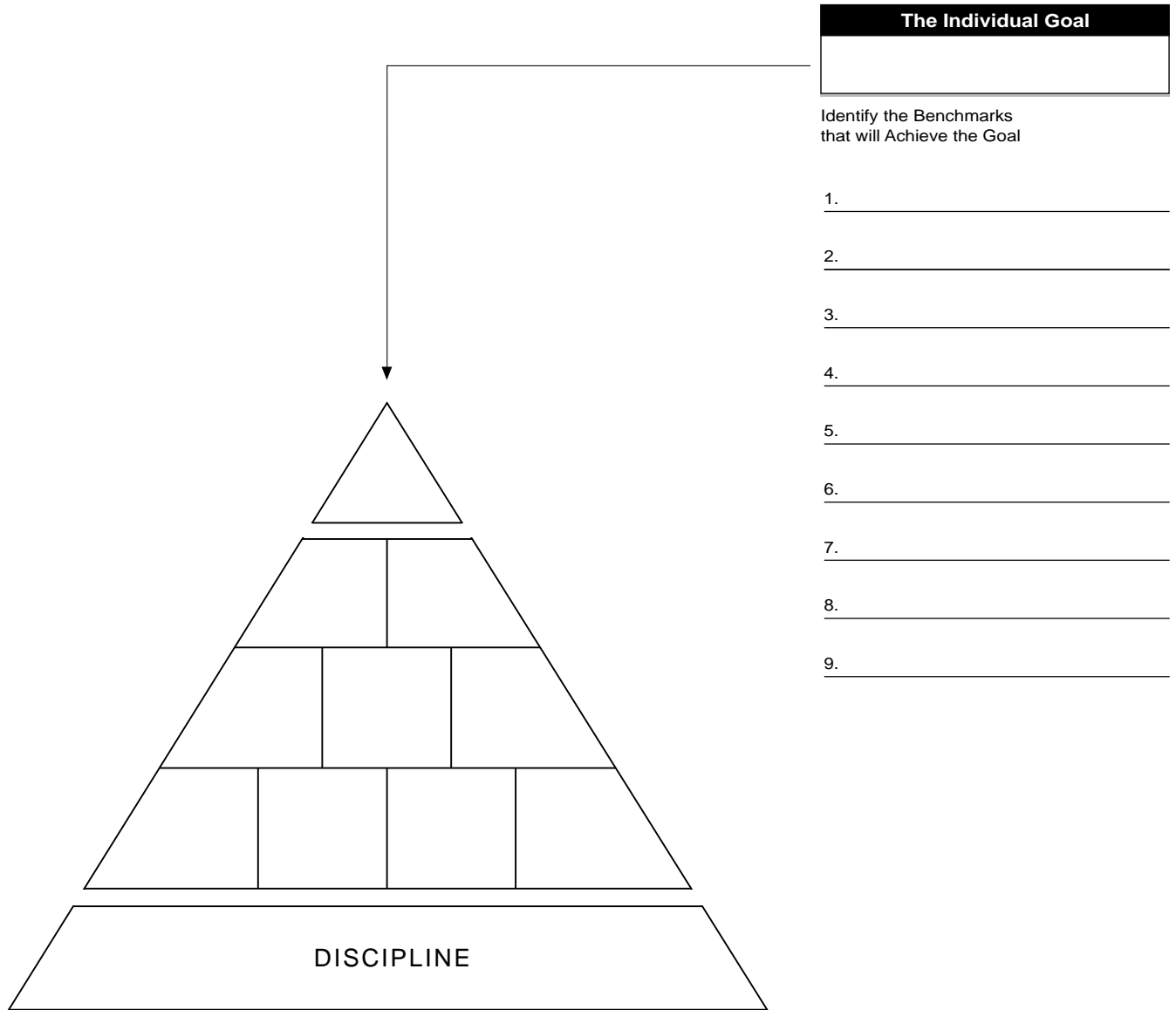
# FORM — C

## Justwyn Model: Goal Planning



# FORM — D

## Justwyn Model: Benchmark (Sub-Goal) Planning



# FORM — E

## Personal Character Assessment

Select the answer that best describes your character

### Physical Character Assessment:

	Very Much So			Not Very Much So
Are you physically in-shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you in control of your weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you eat a proper diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you physically healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Educational Character Assessment:

	Very Much So			Not Very Much So
Is your knowledge well-rounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you read regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a good listener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you comprehend subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Social Character Assessment:

	Very Much So			Not Very Much So
Are you a friendly, likeable person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your personality balanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you like yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you fun to be with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Spiritual Character Assessment:

	Very Much So			Not Very Much So
Are you honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you charitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you humble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you patient, not quick to anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After you complete your personal character assessment,  
list below some changes you would like to see in your character

Physical Changes \_\_\_\_\_

\_\_\_\_\_

Educational Changes \_\_\_\_\_

\_\_\_\_\_

Social Changes \_\_\_\_\_

\_\_\_\_\_

Spiritual Changes \_\_\_\_\_

\_\_\_\_\_

# FORM — F

**Weeks:**

\_\_\_\_\_

## ATTRIBUTE DEVELOPMENT SCHEDULE

Physical \_\_\_\_\_

P. Temperance \_\_\_\_\_

Education \_\_\_\_\_

Social \_\_\_\_\_

Spiritual \_\_\_\_\_

Week 1

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Week 2

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

- Evaluate progress after two weeks.

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**Appendix — Form F**

# FORM — G.1

## Life Phase Segmentation

Phase (1): \_\_\_\_\_

\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

Phase (2): \_\_\_\_\_

\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

Phase (3): \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Phase (4): \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Phase (5): \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Phase (6): \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Phase (7): \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

FORM — G.2

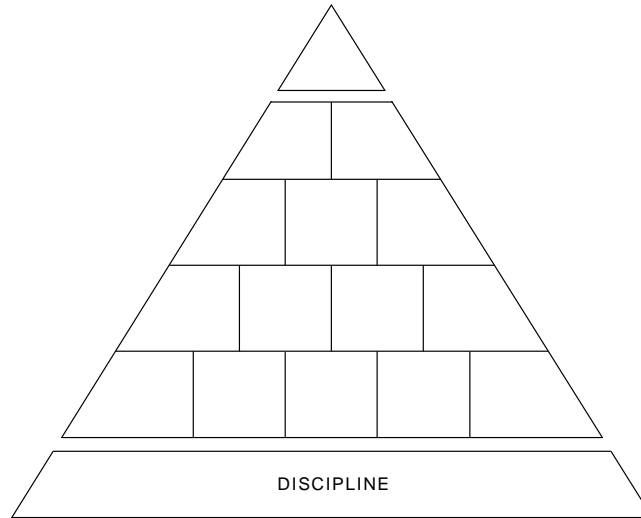
<b>Life Phase Segmentation</b>	
Phase (8): _____	_____ to _____
Phase (9): _____	_____ to _____
Phase (10): _____	_____ to _____
Phase (11): _____	_____ to _____
Phase (12): _____	_____ to _____
Phase (13): _____	_____ to _____
Phase (14): _____	_____ to _____

# FORM — H

**Phase (    )**

**Time Period:** \_\_\_\_\_

OBJECTIVE AND GOAL PLANNING



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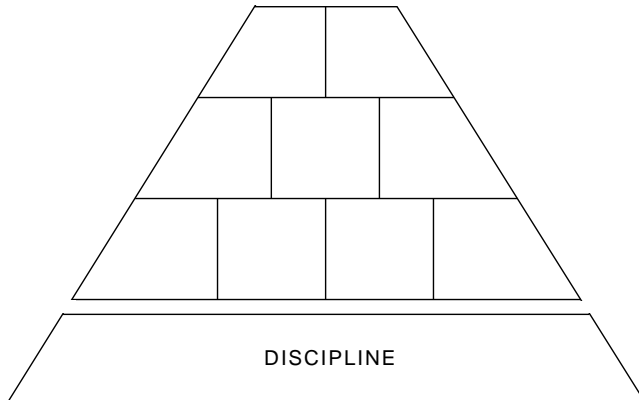
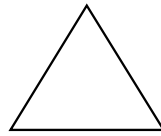
**Appendix — H**

# FORM — I

**Phase (    )**

**Time Period:** \_\_\_\_\_

BENCHMARK PLANNING AND SELECTION



*Achieve:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FORM — J

**Phase (    )**

**Time Span:** \_\_\_\_\_

## TASK ASSIGNMENT SHEET



\_\_\_\_\_

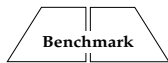


\_\_\_\_\_

**Complete Date**

- Major Tasks**
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**Recognize** \_\_\_\_\_



\_\_\_\_\_

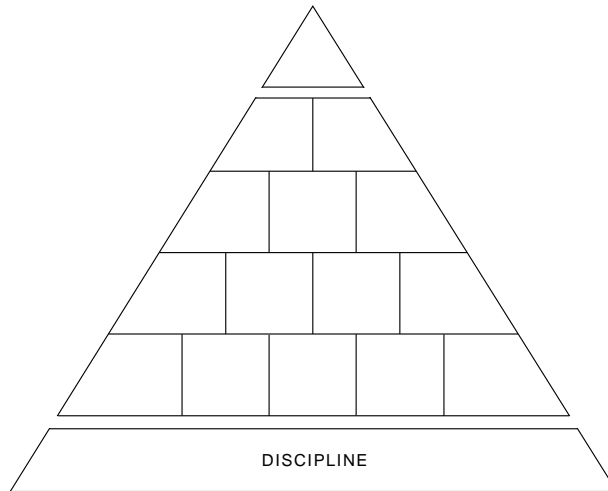
**Complete Date**

- Major Tasks**
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**Recognize** \_\_\_\_\_

# FORM — K

## Personal Goal Planning Kit



This form can be used as a cover sheet for your goal planning kit.

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Appendix — K

# FORM — L

**Week:**

\_\_\_\_\_

## WEEKLY GOAL PLANNING SHEET



\_\_\_\_\_



**1:** \_\_\_\_\_

Major  
Tasks \_\_\_\_\_  
\_\_\_\_\_

**2:** \_\_\_\_\_

Major  
Tasks \_\_\_\_\_  
\_\_\_\_\_



See Week: \_\_\_\_\_

See Week: \_\_\_\_\_



\_\_\_\_\_



**1:** \_\_\_\_\_

Major  
Tasks \_\_\_\_\_  
\_\_\_\_\_

**2:** \_\_\_\_\_

Major  
Tasks \_\_\_\_\_  
\_\_\_\_\_



See Week: \_\_\_\_\_

See Week: \_\_\_\_\_

**Physical** \_\_\_\_\_

**P. Temperance** \_\_\_\_\_

**Education** \_\_\_\_\_

**Social** \_\_\_\_\_

**Spiritual** \_\_\_\_\_

**Discipline — Character Attributes**

\_\_\_\_\_

## Appendix — L

# FORM — M

<b>Week:</b> _____	
WEEKLY ROLE PLANNING SHEET	
<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <b>Tasks:</b> _____ _____ _____ _____ _____	<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <b>Tasks:</b> _____ _____ _____ _____ _____
<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <b>Tasks:</b> _____ _____ _____ _____ _____	<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <b>Tasks:</b> _____ _____ _____ _____ _____
<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <b>Tasks:</b> _____ _____ _____ _____ _____	<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <b>Tasks:</b> _____ _____ _____ _____ _____

# FORM — N

## Scheduling Worksheet

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9
10	10	10	10	10	10	10
11	11	11	11	11	11	11
12	12	12	12	12	12	12
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
Evening	Evening	Evening	Evening	Evening	Evening	Evening
Tasks	Tasks	Tasks	Tasks	Tasks	Tasks	Tasks

## Appendix — N

# FORM — O.1

Date: _____ <div style="text-align: right; font-size: 24px; font-weight: bold; margin-top: 10px;">Sunday</div>	
<b>APPOINTMENT AND TASK SCHEDULE</b>	
A.M. _____	2 _____
8 _____	3 _____
9 _____	4 _____
10 _____	5 _____
11 _____	6 _____
12 _____	7 _____
1 _____	P.M. _____
<input type="checkbox"/> Review Weekly Progress _____ <input type="checkbox"/> Plan for Next Week _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>CHARACTER ATTRIBUTES / TASKS</b>  <input type="checkbox"/> Physical <input type="checkbox"/> P. Temperance <input type="checkbox"/> Education <input type="checkbox"/> Social <input type="checkbox"/> Spiritual

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## Appendix — O.1

# FORM — O.2

Date: _____ <div style="text-align: right; font-size: 1.5em; font-weight: bold; margin-left: 200px;">Monday</div>	
<b>APPOINTMENT AND TASK SCHEDULE</b>	
A.M. _____	2 _____
8 _____	3 _____
9 _____	4 _____
10 _____	5 _____
11 _____	6 _____
12 _____	7 _____
1 _____	P.M. _____
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> <u>Review Weekly Goals and Plan Day</u>	<b>CHARACTER ATTRIBUTES / TASKS</b>  <input type="checkbox"/> Physical <input type="checkbox"/> P. Temperance <input type="checkbox"/> Education <input type="checkbox"/> Social <input type="checkbox"/> Spiritual

# FORM — O.3

Date: _____ <div style="text-align: right; font-size: 1.5em; font-weight: bold; margin-left: 200px;">Tuesday</div>	
<b>APPOINTMENT AND TASK SCHEDULE</b>	
A.M. _____	2 _____
8 _____	3 _____
9 _____	4 _____
10 _____	5 _____
11 _____	6 _____
12 _____	7 _____
1 _____	P.M. _____
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> <u>Review Weekly Goals and Plan Day</u>	<b>CHARACTER ATTRIBUTES / TASKS</b>  <input type="checkbox"/> Physical <input type="checkbox"/> P. Temperance <input type="checkbox"/> Education <input type="checkbox"/> Social <input type="checkbox"/> Spiritual

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## Appendix — O.3

# FORM — O.4

Date: _____ <b>Wednesday</b>	
<b>APPOINTMENT AND TASK SCHEDULE</b>	
A.M. _____	2 _____
8 _____	3 _____
9 _____	4 _____
10 _____	5 _____
11 _____	6 _____
12 _____	7 _____
1 _____	P.M. _____
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>CHARACTER ATTRIBUTES / TASKS</b>  <input type="checkbox"/> Physical <input type="checkbox"/> P. Temperance <input type="checkbox"/> Education <input type="checkbox"/> Social <input type="checkbox"/> Spiritual  <input type="checkbox"/> <u>Review Weekly Goals and Plan Day</u>

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## Appendix — O.4

# FORM — O.5

Date: _____ <div style="text-align: right; font-size: 1.2em; font-weight: bold; margin-left: 20px;">Thursday</div>	
<b>APPOINTMENT AND TASK SCHEDULE</b>	
A.M. _____	2 _____
8 _____	3 _____
9 _____	4 _____
10 _____	5 _____
11 _____	6 _____
12 _____	7 _____
1 _____	P.M. _____
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> <u>Review Weekly Goals and Plan Day</u>	<b>CHARACTER ATTRIBUTES / TASKS</b>  <input type="checkbox"/> Physical <input type="checkbox"/> P. Temperance <input type="checkbox"/> Education <input type="checkbox"/> Social <input type="checkbox"/> Spiritual

# FORM — O.6

Date: _____ <div style="float: right; font-size: 24px; font-weight: bold; margin-top: 10px;">Friday</div>	
<b>APPOINTMENT AND TASK SCHEDULE</b>	
A.M. _____	2 _____
8 _____	3 _____
9 _____	4 _____
10 _____	5 _____
11 _____	6 _____
12 _____	7 _____
1 _____	P.M. _____
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> <u>Review Weekly Goals and Plan Day</u>	<b>CHARACTER ATTRIBUTES / TASKS</b>  <input type="checkbox"/> Physical <input type="checkbox"/> P. Temperance <input type="checkbox"/> Education <input type="checkbox"/> Social <input type="checkbox"/> Spiritual

















# FORM — Q

<p><b>Week:</b></p> <p>_____</p>	
<b>CHARACTER ATTRIBUTE EVALUATION</b>	
<p style="text-align: right;"><b>Sunday</b></p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> P. Temperance</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Social</p> <p><input type="checkbox"/> Spiritual</p>	<p style="text-align: right;"><b>Monday</b></p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> P. Temperance</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Social</p> <p><input type="checkbox"/> Spiritual</p>
<p style="text-align: right;"><b>Tuesday</b></p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> P. Temperance</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Social</p> <p><input type="checkbox"/> Spiritual</p>	<p style="text-align: right;"><b>Wednesday</b></p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> P. Temperance</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Social</p> <p><input type="checkbox"/> Spiritual</p>
<p style="text-align: right;"><b>Thursday</b></p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> P. Temperance</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Social</p> <p><input type="checkbox"/> Spiritual</p>	<p style="text-align: right;"><b>Friday</b></p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> P. Temperance</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Social</p> <p><input type="checkbox"/> Spiritual</p>
<p style="text-align: right;"><b>Saturday</b></p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> P. Temperance</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Social</p> <p><input type="checkbox"/> Spiritual</p>	<p style="text-align: right;"><b>Sunday</b></p> <p><input type="checkbox"/> <b>Review Last Week's Progress</b></p> <p><input type="checkbox"/> <b>Plan for Next Week</b></p>

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## Appendix — Q