***WEEKLY CHECK-IN FORM* Name:** Click here to enter text. **Date:** Click here to enter text.

*Reflect, complete and send to your mentor BEFORE your weekly mentoring call. Your part is to reach out to call or connect with your mentor at your designated time or whenever you need support.*

**My wins & victories** Click here to enter text.

**My struggles & challenges** Click here to enter text.

**My new insights** Click here to enter text.

**My commitments from this past week:** Click here to enter text.

**Hours invested:** Click here to enter text.

**Rate how well it was utilized (1 = poor, 10 = excellent)** Click here to enter text.

***\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\****

***What I want to create this week:***

**My Focus:** Click here to enter text.

**Personal goal:** Click here to enter text.

**Business goal:** Click here to enter text.

**New Contacts Goal (Target = 8):**  Click here to enter text.

**Current Customer Connection Goal (Target = 8):** Click here to enter text.

**Current Builder Connection Goal(Target = 8):** Click here to enter text.

**Presentations Goal:**
 # Classes: Click here to enter text.
 # One-on-One Meetings: Click here to enter text.

**# Personal Enrollments Goal:** Click here to enter text.

**# Personal Wellness Consults Goal:** Click here to enter text.

**# Mentor Meetings with Key Builders Goal:** Click here to enter text.

**Key Relationships to Strengthen:**

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

6. Click here to enter text.

**Support I desire:** Click here to enter text.

**What I’m committed to do (personal development, events I’ll attend, etc.)** Click here to enter text.