Name: Student ID: Week:

FAMILY ACTIVITIES

List your present family-related activities below, along with any activities that *should* be scheduled. Estimate the time for each activity each day. Build the highest priority activities into your Form 1B or 1C as your schedule permits. Review daily.

Activity: Quality Family Time (focused on one family member or more)	**Number of Days**	**Hours/ Day**	**Week Total**
Activity: Other Family Time			

FORM 11

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