



Student Name: _____

Obtain Marks: _____

Focus Check-In Sheet

Focus & Task Management



Pause every so often and check in with yourself.

Time	How focused am I?	What would help?
	☐ Yes ☐ Kind of ☐ Not really	
	☐ Yes ☐ Kind of ☐ Not really	
	☐ Yes ☐ Kind of ☐ Not really	
	☐ Yes ☐ Kind of ☐ Not really	
	☐ Yes ☐ Kind of ☐ Not really	
	☐ Yes ☐ Kind of ☐ Not really	