



Daily To-Do List

This worksheet is designed to help you develop the skills and resources you need to be successful in pursuing your goals. The three steps of this daily success plan will help you organize your contacting efforts. First, from your My Resources Worksheet, identify 10 new contacts per day. Second, contact them. Third, get at least 2 face-to-face meetings from the 10 contacts you have called.

- In the space provided, identify 10 new resources or opportunities from your My Resources Worksheet. This should be a daily goal. Print a new copy of this to-do list each day to help you meet this goal.
- Contact the 10 resources you identified and keep a record of those contacts.
- The goal of your calls is to make sure that you are able to have at least two face-to-face interviews each day. These interviews do not have to be formal job interviews; they can help you gather other important information.

1 Daily Contacts

Date:

Contact One		
..... Organization/Person	Items Discussed: 1. 2. 3.	New Referrals from call: 1. Name Telephone/fax E-Mail
..... Telephone		
..... E-mail	Follow-up Activities: 1. by when	2. Name Telephone/fax E-Mail
..... Address	2. by when	
..... I was referred by...	3. by when	
Did I Contact this Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No		
When:		

Contact Two		
..... Organization/Person	Items Discussed: 1. 2. 3.	New Referrals from call: 1. Name Telephone/fax E-Mail
..... Telephone		
..... E-mail	Follow-up Activities: 1. by when	2. Name Telephone/fax E-Mail
..... Address	2. by when	
..... I was referred by...	3. by when	
Did I Contact this Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No		
When:		

Contact Three		
..... Organization/Person Telephone E-mail Address I was referred by...	Items Discussed: 1. 2. 3. Follow-up Activities: 1. by when 2. by when 3. by when	New Referrals from call: 1. Name Telephone/fax E-Mail 2. Name Telephone/fax E-Mail
Did I Contact this Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No When:		

Contact Four		
..... Organization/Person Telephone E-mail Address I was referred by...	Items Discussed: 1. 2. 3. Follow-up Activities: 1. by when 2. by when 3. by when	New Referrals from call: 1. Name Telephone/fax E-Mail 2. Name Telephone/fax E-Mail
Did I Contact this Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No When:		

Contact Five		
..... Organization/Person Telephone E-mail Address I was referred by...	Items Discussed: 1. 2. 3. Follow-up Activities: 1. by when 2. by when 3. by when	New Referrals from call: 1. Name Telephone/fax E-Mail 2. Name Telephone/fax E-Mail
Did I Contact this Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No When:		

Contact Six		
..... Organization/Person Telephone E-mail Address I was referred by...	Items Discussed: 1. 2. 3. Follow-up Activities: 1. by when 2. by when 3. by when	New Referrals from call: 1. Name Telephone/fax E-Mail 2. Name Telephone/fax E-Mail
Did I Contact this Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No When:		

Contact Seven		
..... Organization/Person Telephone E-mail Address I was referred by...	Items Discussed: 1. 2. 3. Follow-up Activities: 1. by when 2. by when 3. by when	New Referrals from call: 1. Name Telephone/fax E-Mail 2. Name Telephone/fax E-Mail
Did I Contact this Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No When:		

Contact Eight		
..... Organization/Person Telephone E-mail Address I was referred by...	Items Discussed: 1. 2. 3. Follow-up Activities: 1. by when 2. by when 3. by when	New Referrals from call: 1. Name Telephone/fax E-Mail 2. Name Telephone/fax E-Mail
Did I Contact this Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No When:		

Contact Nine		
..... Organization/Person Telephone E-mail Address I was referred by...	Items Discussed: 1. 2. 3. Follow-up Activities: 1. by when 2. by when 3. by when	New Referrals from call: 1. Name Telephone/fax E-Mail 2. Name Telephone/fax E-Mail
Did I Contact this Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No When:		

Contact Ten		
..... Organization/Person Telephone E-mail Address I was referred by...	Items Discussed: 1. 2. 3. Follow-up Activities: 1. by when 2. by when 3. by when	New Referrals from call: 1. Name Telephone/fax E-Mail 2. Name Telephone/fax E-Mail
Did I Contact this Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No When:		

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Daily Meetings and Interviews

Date:

- Use the space below to evaluate your meeting. There is also space for you to add new contacts to your growing network.

Meeting/Interview One		
<p>..... Contact Name</p> <p>..... New Contact Name</p> <p>..... New Contact Phone Number</p> <hr/> <p>Post-Interview Assignment: Was I prepared? <input type="checkbox"/>Yes <input type="checkbox"/>No Did I achieve my objectives? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <hr/> <p>Did I use power statements? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Items Discussed:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>What went well:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Action Items:</p> <p>1. By when</p> <p>2. By when</p> <p>3. By when</p> <p>What I need to improve:</p> <p>.....</p> <p>.....</p> <p>.....</p>

Meeting/Interview Two		
<p>..... Contact Name</p> <p>..... New Contact Name</p> <p>..... New Contact Phone Number</p> <hr/> <p>Post-Interview Assignment: Was I prepared? <input type="checkbox"/>Yes <input type="checkbox"/>No Did I achieve my objectives? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <hr/> <p>Did I use power statements? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Items Discussed:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>What went well:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Action Items:</p> <p>1. By when</p> <p>2. By when</p> <p>3. By when</p> <p>What I need to improve:</p> <p>.....</p> <p>.....</p> <p>.....</p>