

STOP THE BLOCK!

1

Analyze the _____.

2

How is the block affecting you and your _____?

3

What is the biggest _____ that the block causes?

4

What _____ do you need to take to remove the block?

5

Identify how your life or work would be better if you could permanently remove the block. _____

6

What resources do you need to remove the block?

My #1 block:

NOTES

UNLOCK THE BLOCK

Read six _____ related to your position or profession

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Listen to six _____

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Attend six _____ per year

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Consider six types of _____

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_____ six days a week

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Have a _____ of six

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