



# My Daily ELEMENTAL PRACTICE

## A WEEKLY PLANNER

Choose one simple practice for each element every day.  
Keep it small, meaningful, and consistent.  
*Honor the elements. Honor yourself.*



| DAY                                                                                              | <div>EARTH</div> <div></div> <div>Grounding<br/>Stability • Body<br/>Abundance</div> | <div>AIR</div> <div></div> <div>Intellect<br/>Communication<br/>Clarity</div> | <div>FIRE</div> <div></div> <div>Passion<br/>Energy • Courage<br/>Creativity</div> | <div>WATER</div> <div></div> <div>Emotions<br/>Intuition • Flow<br/>Healing</div> | <div>SPIRIT</div> <div></div> <div>Connection<br/>Purpose • Wisdom<br/>Divine Guidance</div> |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MONDAY<br>      | <input type="checkbox"/>                                                                                                                                              | <input type="checkbox"/>                                                                                                                                       | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                        |
| TUESDAY<br>     | <input type="checkbox"/>                                                                                                                                              | <input type="checkbox"/>                                                                                                                                       | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                        |
| WEDNESDAY<br> | <input type="checkbox"/>                                                                                                                                              | <input type="checkbox"/>                                                                                                                                       | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                        |
| THURSDAY<br>  | <input type="checkbox"/>                                                                                                                                              | <input type="checkbox"/>                                                                                                                                       | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                        |
| FRIDAY<br>    | <input type="checkbox"/>                                                                                                                                              | <input type="checkbox"/>                                                                                                                                       | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                        |
| SATURDAY<br>  | <input type="checkbox"/>                                                                                                                                              | <input type="checkbox"/>                                                                                                                                       | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                        |
| SUNDAY<br>    | <input type="checkbox"/>                                                                                                                                              | <input type="checkbox"/>                                                                                                                                       | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                                        |

### HOW TO USE THIS PLANNER

- Choose one simple practice for each element every day.
- Examples: step outside, write in your journal, light a candle, drink herbal tea, meditate, create something, offer gratitude.
- Check off each practice as you complete it.
- Keep it flexible and kind. Progress over perfection!



### NOTES & REFLECTIONS



Wicca Made Simple - SandyGowland.com





# My Daily ELEMENTAL PRACTICE

## WEEKLY REFLECTION

Take time to reflect on your week.  
Notice. Appreciate. Grow.



1. WHICH PRACTICE BROUGHT ME THE MOST JOY?

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2. WHICH WAS EASIEST?

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3. WHICH WAS MOST CHALLENGING?

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4. WHAT CHANGES DID I NOTICE?

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5. WHICH PRACTICES WOULD I LIKE TO CONTINUE NEXT WEEK?

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