

MY MORNING ROUTINE

Check a box each time you finish a job.

My jobs	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Wake up	☐	☐	☐	☐	☐	☐	☐
Use the bathroom	☐	☐	☐	☐	☐	☐	☐
Make my bed	☐	☐	☐	☐	☐	☐	☐
Get dressed	☐	☐	☐	☐	☐	☐	☐
Eat breakfast	☐	☐	☐	☐	☐	☐	☐
Brush my teeth	☐	☐	☐	☐	☐	☐	☐
Brush my hair	☐	☐	☐	☐	☐	☐	☐
Shoes on, bag packed	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐

Name: _____ Week of: _____

MY BEDTIME ROUTINE

Check a box each time you finish a job.

My jobs	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Clean up my toys	☐	☐	☐	☐	☐	☐	☐
Bath or shower	☐	☐	☐	☐	☐	☐	☐
Pajamas on	☐	☐	☐	☐	☐	☐	☐
Brush my teeth	☐	☐	☐	☐	☐	☐	☐
Use the bathroom	☐	☐	☐	☐	☐	☐	☐
Lay out my clothes	☐	☐	☐	☐	☐	☐	☐
Read a story	☐	☐	☐	☐	☐	☐	☐
Lights out	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐

Name: _____ Week of: _____