














My Hygiene Checklist

Name: _____

Date: _____

 MORNING		
	Use Bathroom	<input type="radio"/>
	Wash Hands	<input type="radio"/>
	Brush Teeth	<input type="radio"/>
	Wash Face	<input type="radio"/>
	Eat Breakfast	<input type="radio"/>
	Get Dressed	<input type="radio"/>

 EVENING		
	Bath or Shower	<input type="radio"/>
	Put on Pajamas	<input type="radio"/>
	Brush Teeth	<input type="radio"/>
	Put Toys Away	<input type="radio"/>
	Read a Book	<input type="radio"/>
	Go to Sleep	<input type="radio"/>

How did I do today?
Color the stars!

