

SIBLING TASK ALLOCATION

Week Of: _____ Reward Goal: _____

**CORE
RESPONSIBILITY**

**SIBLING A:
NAME HERE**

**SIBLING B:
NAME HERE**

**SIBLING C:
NAME HERE**

**Morning Bed &
Room Daily**

**Dining Area
Clearing Post-Meal**

**Trash & Recycling
Tues/Fri**

**Laundry
Distribution
Weekly**

**Pet Care / Watering
Daily**

**Evening Toy
Sweep Daily**

**Special Project
Variable**

Guidelines: Tasks must be completed before screen time. Dots represent completion checkpoints per day/week.