

ROOM CLEANING CHECKLIST

SIBLING NAME: _____ WEEK OF: _____

CHORE DESCRIPTION	MON	TUE	WED	THU	FRI	SAT	SUN
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Make Bed & Tidy
Pillows

Pick Up Toys /
Electronics

Clothes in Hamper /
Closet

Clear & Wipe
Desk/Surfaces

Vacuum or Sweep
Floor

Empty Trash Bin

WEEKLY GOAL:

REWARD: Parent Initials: _____