

# WEEKLY BRUSHING TRACKER

Student Name: \_\_\_\_\_

Week Of: \_\_\_\_\_

DAY	MORNING	NIGHT	FLOSS
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

Instructions: Color in the circles after you brush for 2 minutes! Teacher/Parent Initials: \_\_\_\_\_