

MORNING ROUTINE: TOOTH BRUSHING

Name: _____ Week of: _____

**DAY OF
THE
WEEK**

TASK COMPLETED

Monday Brushed for 2 minutes

Tuesday Brushed for 2 minutes

Wednesday Brushed for 2 minutes

Thursday Brushed for 2 minutes

Friday Brushed for 2 minutes

Saturday Brushed for 2 minutes

Sunday Brushed for 2 minutes

WEEKLY REWARD: