HYGIENE GOAL TRACKER

NAME: _____
WEEK OF: _____

HYGIENE GOAL	M	T	W	T	F	S	S
Brush Teeth (Morning/Night)							
Shower or Bath							
Wash Face							
Clean Clothes / Laundry							
Deodorant / Skincare							

WEEKLY REWARD GOAL

Required Checkmarks: _____

NOTES / REFLECTIONS