

CALENDAR

MONTH _____



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

DAILY SCHEDULE



Time	Activity	Instructions
:00 :30		
:00 :30		
:00 :30		
:00 :30		
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:00 :30		

Notes:

DAILY REMINDERS



	<u>Name</u>	<u>Name</u>	<u>Name</u>	<u>Name</u>	<u>Name</u>	<u>Name</u>
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

EXPECTATIONS & RESPONSIBILITIES IN OUR HOME

Expectations	Remarks

Responsibilities	Remarks

PERSONAL HYGIENE

NAME _____



Date	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Activity							
Take a bath/shower							
Wash my hands							
Wash my face							
Brush my teeth in the morning							
Brush my teeth before bed							
Floss my teeth							
Comb/Brush my hair							
Use deodorant							
Use lotion on dry skin							
Clean fingernails							
Trim fingernails							
Trim toenails							
Clean ears							