Name _____ Month _____

I BRUSHED MY TEETH!

	WEEK 1		WEEK 2		WEEK 3		WEEK 4	
	Morning	Evening	Morning	Evening	Morning	Evening	Morning	Evening
Sunday	☐	☐	☐	☐	☐	☐	☐	☐
Monday	☐	☐	☐	☐	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐	☐	☐	☐	☐
Thursday	☐	☐	☐	☐	☐	☐	☐	☐
Friday	☐	☐	☐	☐	☐	☐	☐	☐
Saturday	☐	☐	☐	☐	☐	☐	☐	☐