Name: _____

My Morning Routine

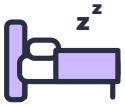
Tick a box when you finish each step.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
 Wake up	☐	☐	☐	☐	☐	☐	☐
 Use the potty	☐	☐	☐	☐	☐	☐	☐
 Wash hands and face	☐	☐	☐	☐	☐	☐	☐
 Brush teeth	☐	☐	☐	☐	☐	☐	☐
 Get dressed	☐	☐	☐	☐	☐	☐	☐
 Eat breakfast	☐	☐	☐	☐	☐	☐	☐
 Shoes on	☐	☐	☐	☐	☐	☐	☐
 Pack my bag	☐	☐	☐	☐	☐	☐	☐

Name: _____

My Bedtime Routine

Tick a box when you finish each step.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
 Tidy up toys	☐	☐	☐	☐	☐	☐	☐
 Bath time	☐	☐	☐	☐	☐	☐	☐
 Pyjamas on	☐	☐	☐	☐	☐	☐	☐
 Brush teeth	☐	☐	☐	☐	☐	☐	☐
 Use the potty	☐	☐	☐	☐	☐	☐	☐
 Story time	☐	☐	☐	☐	☐	☐	☐
 Hugs and kisses	☐	☐	☐	☐	☐	☐	☐
 Lights out	☐	☐	☐	☐	☐	☐	☐