| Name: | Date: | | | | | | |
|-------|-------------------|----------|---------|-----------|---------------|--------|--|
| | Hygiene Checklist | | | | | | |
| | | Monday - | Tuesday | Wednesday | - Thursday | Friday | |
| | brush teeth | | | | | | |
| | shower | | | | | | |
| | wash face | | | | | | |
| | deodorant | | | | | | |
| | clean nails | | | | | | |
| | brush/style | | | | | | |
| | clean clothes | | | | | | |

Parent Comments:

