



# I BRUSHED MY TEETH!

Name: \_\_\_\_\_

		MORNING	EVENING
Monday		<input type="checkbox"/>	<input type="checkbox"/>
Tuesday		<input type="checkbox"/>	<input type="checkbox"/>
Wednesday		<input type="checkbox"/>	<input type="checkbox"/>
Thursday		<input type="checkbox"/>	<input type="checkbox"/>
Friday		<input type="checkbox"/>	<input type="checkbox"/>
Saturday		<input type="checkbox"/>	<input type="checkbox"/>
Sunday		<input type="checkbox"/>	<input type="checkbox"/>