

SUPER SMILES

TOOTHBRUSHING CHART



MY NAME IS:

Blank space for writing a name.

MONDAY

 MORNING
 NIGHT

WEEK 1	WEEK 2	WEEK 3	WEEK 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TUESDAY

 MORNING
 NIGHT

WEEK 1	WEEK 2	WEEK 3	WEEK 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEDNESDAY

 MORNING
 NIGHT

WEEK 1	WEEK 2	WEEK 3	WEEK 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THURSDAY

 MORNING
 NIGHT

WEEK 1	WEEK 2	WEEK 3	WEEK 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FRIDAY

 MORNING
 NIGHT

WEEK 1	WEEK 2	WEEK 3	WEEK 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SATURDAY

 MORNING
 NIGHT

WEEK 1	WEEK 2	WEEK 3	WEEK 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUNDAY

 MORNING
 NIGHT

WEEK 1	WEEK 2	WEEK 3	WEEK 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>