

CHORE CHART

Name:

Name:.....

[illegible]

My Reward:.....

Goal:.....

Total:

CHORE CHART

Name:

Sun

Mon

Tue

Wed


Thu

Fri

Sat

REWARDS

NOTES



CHORE CHART

Name:

LIVING ROOM

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KITCHEN

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BED ROOM

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BATH ROOM

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PLAY AREA

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OTHERS

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RESPONSIBILITY

Name:

MORNING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

AFTERNOON

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

EVENING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

WEEKLY SCHEDULE

Sun	
MON	
TUE	
Wed	
Thu	
Fri	
Sat	

BEFORE SCHOOL CHECKLIST

Name:

Did you ?



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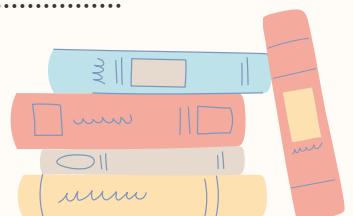
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AFTER SCHOOL CHECKLIST

Name:

Did you ?



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BEFORE BED CHECKLIST

Name:

Did you ?



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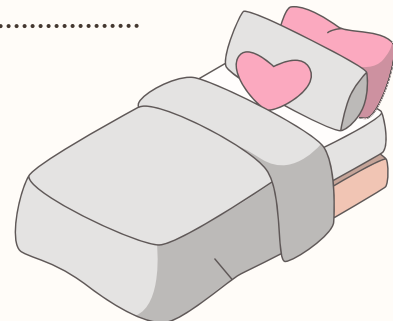
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SCHOOL DAY CHECKLIST

Name:

MORNING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

M	T	W	T	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTERNOON

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

M	T	W	T	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVENING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

M	T	W	T	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DAILY CHECKLIST

Name: _____

Name:



MORNING

7:00am-12:00pm

BEFORE SCHOOL

M T W T F

AFTERNOON

12:00pm-5:00pm

AFTER SCHOOL

M T W T F



EVENING

5:00pm-9:00pm

BEFORE BED

M T W T F

DAILY CHECKLIST.

Name:



7:00am-12:00pm



12:00pm-5:00pm



5:00pm-9:00pm

BEFORE SCHOOL

M

W

F

S

AFTER SCHOOL

M

W

F

S

BEFORE BED

T

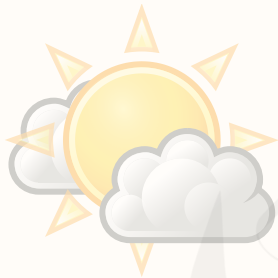
T

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DAILY CHECKLIST

Name:



MORNING

7:00am-12:00pm

TASKS



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AFTERNOON

12:00pm-5:00pm

TASKS



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EVENING

5:00pm-9:00pm

TASKS



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CHORES

S

M

T

W

T

F


S

TOTAL



SCREEN TIME

CHECKLIST



SCREEN TIME

CHECKLIST



SCREEN TIME

CHECKLIST

REWARD CHART

Name:

TASKS

S M T W T F S POINTS

.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



S M T W T F S POINTS



CONSEQUENCE CHART

Name:

MY ACTIONS

HAVE CONSEQUENCES



DAILY ROUTINE

Name: _____

Name:

WEEKLY PLAN

Name:

SUNDAY

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MONDAY

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TUESDAY

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WEDNESDAY

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THURSDAY

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FRIDAY

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SATURDAY

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NOTES

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MONTHLY PLAN

Month:

SUN	MON	TUE	WED	THU	FRI	SAT