

CHORE CHART

Name:

My Task	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Make my bed							
Brush my teeth							
Put clothes away							
Brush my hair							
Get dressed							
Feed dog							
Help mom with chores							
Empty the dishwasher							
Read for 15 minutes							
Take a shower							
Pick up dirty clothes							
Pjs and brush my teeth							

My Reward:

Goal:

Total:

CHORE CHART

Name:

Sun	Take out trash
Mon	Clean bathroom
Tue	Mop kitchen floor
Wed	Wipe glass doors
Thu	Vaccum living room
Fri	Water plants
Sat	Laundry

REWARDS

NOTES

CHORE CHART

Name:

LIVING ROOM

- Wipe TV unit
- Dust furniture
- Put every thing back in its place
- Dust electronics
- Wipe coffee table

KITCHEN

- Set the table
- Clean dining table
- Do the dishes
- Unload dishwasher
- Help pack lunch

BED ROOM

- Make bed
- Wipe study table
- Organize bookshelf
- Put clothes in the hamper
- Change bedsheets

BATH ROOM

- Change towels
- Stock up toilet paper
- Wipe mirrors
- Organize bath supplies
- Wipe countertops

PLAY AREA

- Pick up toys
- Clean/Wash toys
- Organize toys by catogaries
- Organize art supplies or books
- Clean any spills or clutter

OTHERS

- Walk dog
- Water plants
- Wipe all windows
- Organize shoes
- Clean glass doors

RESPONSIBILITY

Name:

MORNING

• Make bed

• Brush teeth

• Eat breakfast

• Put dishes in sink

• Pack backpack

AFTERNOON

• Unpack backpack

• Put away bottle and lunch

• Finish homework

• Read for 20 minutes

• Help with chores

EVENING

• Take a shower

• Put pajamas on

• Brush teeth

• Pack backpack

• Pick tomorrow's clothes

WEEKLY SCHEDULE

Sun

• Dentist appointment at 3pm

MON

• Math test
• Tennis lesson at 4pm

TUE

• Piano practice at 1pm

Wed

• Swimming class at 2:30pm

Thu

• Soccer practice at 3:30pm

Fri

• Family movie night

Sat

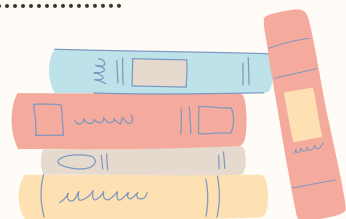
• Grocery shopping with mom at 10pm

BEFORE SCHOOL CHECKLIST

Name:

Did you ?

- Make your bed
- Brush your teeth
- Put pajamas away and get dressed
- Eat breakfast
- Put dishes in sink
- Pack snacks
- Ready your water bottle
- Put on socks
- Pack lunch box
- Put on shoes and jackets
- Pack backpack



AFTER SCHOOL CHECKLIST

Name:

Did you ?

- Put shoes away
- Unpack backpack
- Wash water bottle
- Wash your hands
- Finish your home work
- Take a nap
- Play outside for 30 minutes
- Read for 30 minutes
- Help mom with chores
- Have a healthy snacks
- Pack backpack for tomorrow

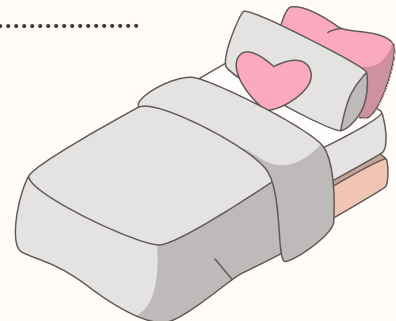


BEFORE BED CHECKLIST

Name:

Did you ?

- Eat dinner
- Clean your room
- Set out clothes for tomorrow
- Put dirty clothes in the hamper
- Wipe study table
- Organise study table
- Take a shower
- Brush your teeth
- Pack backpack
- Read for 10 minutes



SCHOOL DAY CHECKLIST

Name:

MORNING

- Make bed
- Brush teeth
- Eat breakfast
- Put dishes in sink
- Pack backpack

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

AFTERNOON

- Unpack backpack
- Put away bottle and lunch
- Finish homework
- Read for 20 minutes
- Help with chores

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

EVENING

- Take a shower
- Put pajamas on
- Brush teeth
- Pack backpack
- Pick tomorrow's clothes

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

BEFORE SCHOOL

M T W T F

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

• Make bed

• Brush teeth

• Eat breakfast

• Put dishes in sink

• Pack backpack



MORNING

7:00am-12:00pm

AFTER SCHOOL

M T W T F

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

• Unpack backpack

• Put away bottle and lunch

• Finish homework

• Read for 20 minutes

• Help with chores



AFTERNOON

12:00pm-5:00pm

BEFORE BED

M T W T F

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

• Take a shower

• Put pajamas on

• Brush teeth

• Pack backpack

• Pick tomorrow's clothes

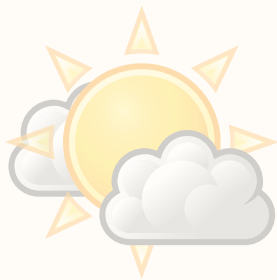


EVENING

5:00pm-9:00pm

DAILY CHECKLIST

Name:



MORNING

7:00am-12:00pm

TASKS

- Make bed
- Brush teeth
- Eat breakfast
- Put dishes in sink
- Pack backpack



AFTERNOON

12:00pm-5:00pm

TASKS

- Unpack backpack
- Put away bottle and lunch
- Finish homework
- Read for 20 minutes
- Help with chores



EVENING

5:00pm-9:00pm

TASKS

- Take a shower
- Put pajamas on
- Brush teeth
- Pack backpack
- Pick tomorrow's clothes

REWARD CHART

Name:

TASKS

S M T W T F S POINTS

• Wash dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Sweep all floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Walk the dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Fold clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Unload the dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Clean shower area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Sweep kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Water plants	<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"/>
.....	<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"/>
.....	<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"/>
.....	<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"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



CONSEQUENCE CHART

Name:

MY ACTIONS

HAVE CONSEQUENCES

Lying

No friends over for a week

Swearing

No allowance for two weeks

Not listening

Extra chores

Being mean to people

No friends over for a week

Talking back

Early bed time

Whining

Time out for 15mins

Breaking things

Time out for 20 mins

Yelling or screaming

Extra chores

Hitting or kicking

No friends over for a week

Being disrespectful

Time out for 30mins

DAILY ROUTINE

Name:

7:30	Make bed	<input checked="" type="checkbox"/>
8:00	Breakfast	<input checked="" type="checkbox"/>
9:00	Homework	<input checked="" type="checkbox"/>
10:00	Healthy snacks	<input checked="" type="checkbox"/>
11:00	Play outside	<input checked="" type="checkbox"/>
12:00	Lunch	<input type="checkbox"/>
1:00	Creative time	<input type="checkbox"/>
2:00	Help with chores	<input type="checkbox"/>
3:00	Free time	<input type="checkbox"/>
6:00	Dinner	<input type="checkbox"/>
7:00	Reading time	<input type="checkbox"/>
8:00	Get ready for bed	<input type="checkbox"/>

WEEKLY PLAN

Name:

SUNDAY

.....
.....
.....
.....
.....

MONDAY

.....
.....
.....
.....
.....

TUESDAY

.....
.....
.....
.....
.....

WEDNESDAY

.....
.....
.....
.....
.....

THURSDAY

.....
.....
.....
.....
.....

FRIDAY

.....
.....
.....
.....
.....

SATURDAY

.....
.....
.....
.....
.....

NOTES

.....
.....
.....
.....
.....

MONTHLY PLAN

Month:

SUN	MON	TUE	WED	THU	FRI	SAT