



Toothbrushing Chart

Brush for 2 minutes
twice a day



Week 1

Monday

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

Tuesday

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

Wednesday

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

Thursday

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

Friday

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

Saturday

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

Sunday

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

Week 2

Monday

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

Tuesday

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

Wednesday

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

Thursday

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

Friday

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

Saturday

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

Sunday

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

Week 3

Monday

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

Tuesday

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

Wednesday

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

Thursday

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

Friday

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

Saturday

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

Sunday

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

Week 4

Monday

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

Tuesday

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

Wednesday

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

Thursday

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

Friday

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

Saturday

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

Sunday

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

It is recommended that children brush their teeth twice a day for 2 minutes. Use this chart to make toothbrushing time fun for your child.
Fill in the boxes to indicate toothbrushing has been completed.