



Tooth Brushing Chart

Name:

Tick each box after brushing in the morning and at night.

| Brush Time | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|------------|-----|-----|-----|-----|-----|-----|-----|
| Morning | | | | | | | |
| Night | | | | | | | |

Weekly Reward

Choose a small reward your child will enjoy.