

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Hygiene/Life Skills Checklist

In the morning I: 		
Brush my hair		
Use deodorant		
Brush my teeth		
Wash my face		
Wash my hands		
Get dressed		
Before I go to bed I: 		
Clean my room		
Take a shower		
Brush my teeth		
My chore today was:		