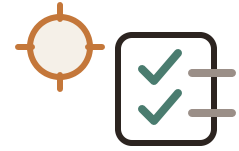


Name _____

Date _____

Morning Routine Check

Directions: Check each task when it is done. Add one task of your own.



Use the bathroom.

Wash hands.

Brush teeth.

Put on clean clothes.

Eat breakfast or follow my morning meal plan.

Pack needed items.

Check the time.

Leave on time or tell someone if I need help.

My own task: _____

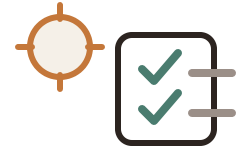
One morning task I want to practice is:

Name _____

Date _____

Morning Routine Check

Answer Guide: Check each task when it is done. Add one task of your own.



Use the bathroom.

Wash hands.

Brush teeth.

Put on clean clothes.

Eat breakfast or follow my morning meal plan.

Pack needed items.

Check the time.

Leave on time or tell someone if I need help.

My own task: _____

One morning task I want to practice is:

Learner choice
