

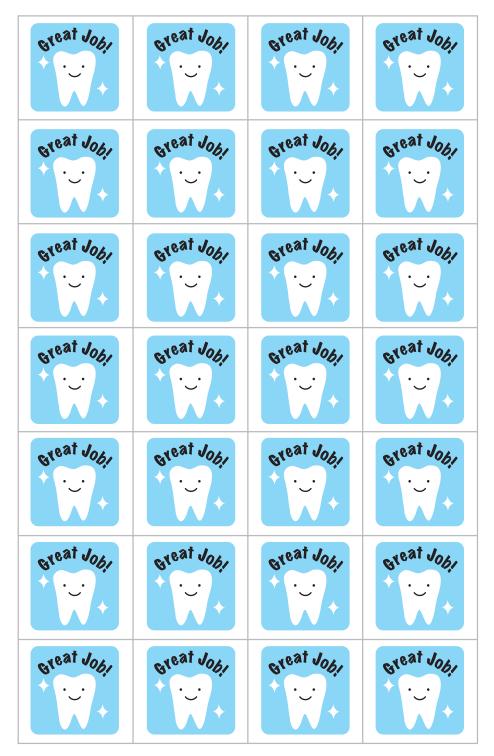
I Brushed My Teeth!

NAME _____

	Weekl	Week2	Week3	Week4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

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Put a sticker after you brush.



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