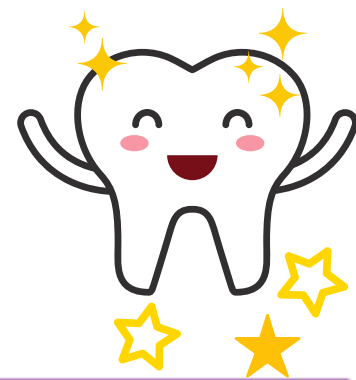




'S BRUSHING CHART



_____ Month _____

Mark the sun or moon box with an "X" each time you brush.

	WEEK 1		WEEK 2		WEEK 3		WEEK 4		WEEK 5	
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										



Student Name: _____

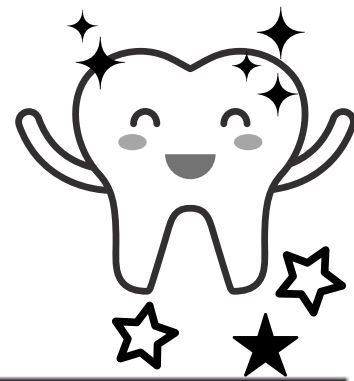
School Name: _____

Teacher Name: _____

Parent Signature: _____



'S BRUSHING CHART



_____ Month _____

Color the sun or moon box each time you brush.

	WEEK 1		WEEK 2		WEEK 3		WEEK 4		WEEK 5	
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										



Student Name: _____

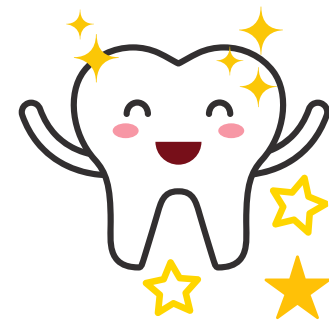
School Name: _____

Teacher Name: _____

Parent Signature: _____



_____ 'S BRUSHING CHART



I brushed
two times today!

Mark the sun or moon box
with an "X" each time you brush.

_____ Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



Student Name: _____

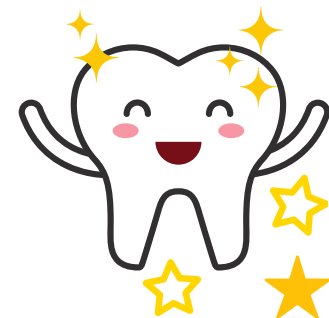
School Name: _____

Teacher Name: _____

Parent Signature: _____



_____ 'S BRUSHING CHART



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_____ Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



Student Name: _____

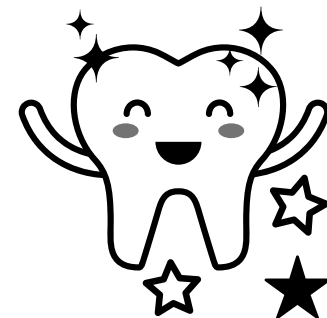
School Name: _____

Teacher Name: _____

Parent Signature: _____



_____ 'S BRUSHING CHART



I brushed
two times today!

_____ Month

Color the sun or moon box
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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



Student Name: _____

School Name: _____

Teacher Name: _____

Parent Signature: _____