Bedtime routine

Name _____

Look at the next picture when a step ends. Tick the box when it is done.



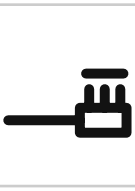
Bath

Time _____ ☐



Pajamas

Time _____ ☐



Brush teeth

Time _____ ☐



Toilet

Time _____ ☐



Story

Time _____ ☐



Lights off

Time _____ ☐



Sleep

Time _____ ☐

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