



MY DAILY DENTAL CARE TRACKER

Month: _____

Name: _____

Instructions for Parents:

1. Fill in the date in the blue box based on the current month. Also put the month and your child's name in the spaces provided.
2. Draw a smiley face or affix a small sticker in the AM/PM square when your child brushes his/her teeth!
3. Consider ways to reward your child for maintaining his/her dental care regimen.

AM ☀

PM 🌙

AM ☀

PM 🌙

AM ☀

PM 🌙

AM ☀

PM 🌙

AM ☀

PM 🌙

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM ☀	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM 🌙							
AM ☀	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM 🌙							
AM ☀	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM 🌙							
AM ☀	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM 🌙							
AM ☀	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM 🌙							