

Date: / / _____ 's
Schedule

Time	To Do:	Done
9:00		
9:30		
10:00		
10:30		
11:00		
11:30		
12:00		
12:30		
1:00		
1:30		
2:00		
2:30		
3:00		
3:30		
4:00		
4:30		
5:00		
5:30		

Self-care: shower dress morning hygiene take a nap /rest

Meals: make and eat breakfast lunch snack

Chores: make my bed cleanup my room sweep
vacuum fold clothes take out trash
wipe off table empty or load dishwasher

School: homework Zoom Class OT writing/ KWT
Speech Behavior

Leisure: listen to music do artwork go for a walk
watch movie or TV show do a puzzle/LEGOs
read or listen to a book call a friend /family
play a game go for a walk video game
make a card for someone watch a YouTube video
