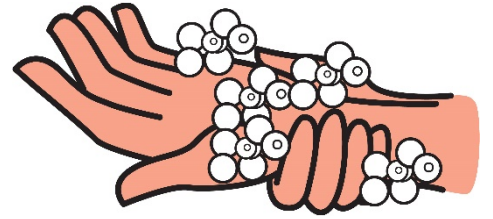


Name \_\_\_\_\_ **Hygiene**



# My Hygiene Routine

**DIRECTIONS:** Draw the hygiene activities you do every day. When do you do each activity? Write AM, PM, or BOTH in the small box.

<input type="checkbox"/>	
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