



TEXAS
Department of Family
and Protective Services
Prevention & Early Intervention

PRETEEN AND TEEN HYGIENE CHART

Help your kids stay on track with personal hygiene by using this daily chart. Add other items that are important to your teen, such as keeping nails trimmed or piercings clean.



For more tips and resources, visit GetParentingTips.com

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Change underwear & clothes <input type="checkbox"/> Clean & style hair <input type="checkbox"/> Brush teeth & tongue <input type="checkbox"/> Wear deodorant <input type="checkbox"/> Shower/Bathe <input type="checkbox"/> Wash face <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Change underwear & clothes <input type="checkbox"/> Clean & style hair <input type="checkbox"/> Brush teeth & tongue <input type="checkbox"/> Wear deodorant <input type="checkbox"/> Shower/Bathe <input type="checkbox"/> Wash face <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Change underwear & clothes <input type="checkbox"/> Clean & style hair <input type="checkbox"/> Brush teeth & tongue <input type="checkbox"/> Wear deodorant <input type="checkbox"/> Shower/Bathe <input type="checkbox"/> Wash face <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Change underwear & clothes <input type="checkbox"/> Clean & style hair <input type="checkbox"/> Brush teeth & tongue <input type="checkbox"/> Wear deodorant <input type="checkbox"/> Shower/Bathe <input type="checkbox"/> Wash face <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Change underwear & clothes <input type="checkbox"/> Clean & style hair <input type="checkbox"/> Brush teeth & tongue <input type="checkbox"/> Wear deodorant <input type="checkbox"/> Shower/Bathe <input type="checkbox"/> Wash face <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Change underwear & clothes <input type="checkbox"/> Clean & style hair <input type="checkbox"/> Brush teeth & tongue <input type="checkbox"/> Wear deodorant <input type="checkbox"/> Shower/Bathe <input type="checkbox"/> Wash face <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Change underwear & clothes <input type="checkbox"/> Clean & style hair <input type="checkbox"/> Brush teeth & tongue <input type="checkbox"/> Wear deodorant <input type="checkbox"/> Shower/Bathe <input type="checkbox"/> Wash face <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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