

The shower

Name: _____ Week of: _____

1		I undress	<input data-bbox="1385 360 1508 486" type="checkbox"/>
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2		I get into the shower	<input data-bbox="1385 560 1508 685" type="checkbox"/>
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3		I wet my hair and my body	<input data-bbox="1385 757 1508 882" type="checkbox"/>
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4		Shampoo	<input data-bbox="1385 956 1508 1081" type="checkbox"/>
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5		Soap	<input data-bbox="1385 1155 1508 1281" type="checkbox"/>
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6		I rinse it all off	<input data-bbox="1385 1355 1508 1480" type="checkbox"/>
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7		I get out	<input data-bbox="1385 1554 1508 1680" type="checkbox"/>
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8		I dry myself	<input data-bbox="1385 1753 1508 1879" type="checkbox"/>
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9		I get dressed	<input data-bbox="1385 1953 1508 2078" type="checkbox"/>
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