

I switch off my screen

Name: _____ Week of: _____

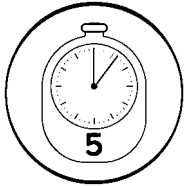
1



We look at the timer together

☐

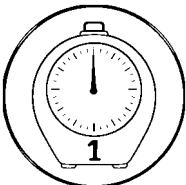
2



5 minutes left

☐

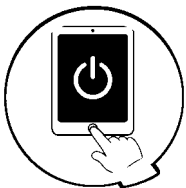
3



1 minute left

☐

4



I switch off the screen

☐

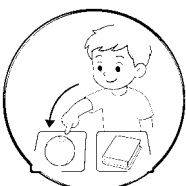
5



I put the tablet back in its place

☐

6



I choose what I do next

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