



Sample Letter to School Nurse

When helping your child manage ADHD, it's important to view your child's school and medical providers as an "ADHD Team". Sending an introductory letter to your child's school nurse provides the nurse with your child's ADHD medication requirements. This helps ensure that your child can take his or her medication safely and responsibly.

WHO SHOULD USE THIS TOOL?

A parent or guardian of a high school student with ADHD.

HOW SHOULD IT BE USED?

Before the school year begins, send a brief letter to the school nurse at your child's school. Use this sample letter as a guide when writing the letter. If your child takes medication, be sure to include detailed information about the medication, as well as contact information for the prescribing clinician.

SAMPLE LETTER TO SCHOOL NURSE

August 1, 2011

ATTN: Jane Doe, RN
Jefferson High School
23 School Street
Davis, MA 04266

Dear Ms. Doe,

Our daughter, Annie, is very much looking forward to starting the 9th grade with Ms. Baker's class this year. I'm writing to let you know that Annie was diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) in 2009 and needs to take medication daily as part of her treatment.

Annie takes medication under the supervision of her pediatrician, Dr. Robert Cook, to help manage some of the symptoms of ADHD. She is currently taking:

- *Atomoxetine, 10mg, every morning at 8AM*
- *Methylphenidate, 20mg, every afternoon at 3PM*

I will notify you if Dr. Cook makes any changes to Annie's medication regimen. Please do not hesitate to contact me if you have any questions or concerns about Annie or her diagnosis. I have provided contact information below for myself, my spouse, and Dr. Cook. In case of an emergency, please try to contact me first.

Many thanks for your sensitivity and understanding – sincerely,

Susan Jones
401-202-9898 cell
401-212-7432 work
401-212-3838 home

Dan Jones
401-212-3944 cell
401-322-4848 work

Dr. Robert Cook
401-331-8474 office



Sample Letter to Teacher

Your child's ADHD is best managed using a team approach. This involves frequent communication between the parent/guardian, the child, as well as the child's teachers and health care providers. Sending an introductory letter to your child's teacher is a good way to inform him or her about your child's ADHD and his or her needs in the classroom. It also shows that you are sincerely interested in working together with the school to help your child succeed.

WHO SHOULD USE THIS TOOL?

A parent or guardian of a high school student with ADHD.

HOW SHOULD IT BE USED?

Before the school year begins, write a letter that introduces your child to the people involved in his or her education. Think about who at your child's school would most benefit from receiving this letter, e.g., your child's teacher(s), advisor, special education coordinator or guidance counselor. Use this sample letter as a guide when writing the letter. Be sure to introduce your child in a positive light, listing some of his or her interests and talents. Also be sure to clearly define areas in which your child may require extra help and patience.

SAMPLE LETTER TO TEACHER

August 1, 2011

ATTN: Sally Johnson
Jefferson High School
23 School Street
Davis, MA 04266

Dear Ms. Johnson,

My daughter, Annie, is very much looking forward to starting the ninth grade with you this upcoming school year. I'm writing to introduce Annie, identify some things that will help her within your class, and ask for your help and sensitivity.

Annie was diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) in 2009. She is extremely bright and curious, loves drawing, and typically shows a wonderful kindness in playing with kids her age – but she also sometimes needs extra help in overcoming some of the challenges of ADHD.

Here are some of the areas where Annie may require extra patience and help:

- Improving her organization skills
- Understanding the requirements of homework assignments and their deadlines
- Getting to classes on time
- Speaking up in class in an appropriate way, at an appropriate time
- Remaining in her seat

Annie takes medication under the supervision of her pediatrician, Dr. Robert Cook, to help manage some of the symptoms of ADHD. We have been in touch with the school nurse, Ms. Doe, and she is aware of this as well.

Please let me know if you have any questions about Annie or her diagnosis. I look forward to meeting with you and have provided my contact information below. My hope is that we can maintain an ongoing dialogue about Annie's performance in your class. Thank you very much in advance for your understanding and sensitivity.

Sincerely,

Susan Jones
401-202-9898 cell
401-212-7432 work
401-212-3838 home
sjones@email.com



Behavior Contract

Many teenagers with ADHD can have trouble controlling impulsive behavior, causing problems at both school and home. A Behavior Contract serves several purposes:

- It is another way for you and your teen to have an ongoing discussion about his or her behavior
- It allows you and your teen come to an agreement on what his or her behavioral goals should be
- It holds your teen accountable for his or her actions and clearly defines the consequences

WHO SHOULD USE A BEHAVIOR CONTRACT?

Parents should use this tool to target a specific problem behavior and provide behavioral boundaries. You and your teen should agree upon concrete behavioral goals. It should be signed by you, your teen, and his or her teacher (if appropriate).

HOW SHOULD IT BE USED?

Sit down with your teen and discuss his or her behavior goals. Both you and your teen should agree upon a concrete plan to address a specific behavior that your teen has been having trouble with. Avoid being general; be specific when defining your behavioral expectations.

For example: "I will work toward achieving my behavior goal of raising my hand in class, instead of blurting out the answer. I will wait patiently for my turn and will only speak when my teacher calls on me."

Then, agree upon a specific reward if your teen meets his or her behavior goal:

For example: "If I go for one straight week without interrupting class, I will earn a trip to the movies."

Be sure to agree upon a consequence if your teen does NOT meet his or her behavior goal.

For example: "If I get in trouble for interrupting the class this week, I will not be allowed to go out with my friends on Friday."

Re-visit the contract weekly with your teen. Make adjustments to the Behavior Contract if the goals prove to be too challenging or too easy for your teen.

Behavior Contract

Date: _____

I, _____, agree that I will work toward achieving the following behavior goals:

I understand that the rewards for meeting my behavior goals will be:

I also understand that I will face the following consequences if I do not meet my behavior goals:

My Name: _____

Parent: _____

Teacher: _____



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Classroom Behavior Log

If your teen is working towards meeting particular behavior goals, it's important to have a record of his or her specific behaviors over time. Determine which class(es) your teen has the most behavioral difficulty in, and discuss with that teacher whether a daily classroom behavior log would be a helpful way to target specific behavioral problems. Sometimes, students with ADHD may only have difficulty with their behavior in certain classes, so using a classroom behavior log may not be appropriate for every class.

WHO SHOULD USE THIS TOOL?

This tool is meant to be used by your teen's teacher(s) to track his or her classroom behavior during the course of a week.

HOW SHOULD IT BE USED?

The Classroom Behavior Log can be given to your teen's teacher(s) to update daily, as a record of his or her behavior in class.

Student's Name: _____

Teacher's Name: _____

Classroom Behavior Log

Week of: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrived prepared with materials	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
Arrived on time	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
Stayed in seat	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
Raised hand when answering questions	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
Did not socialize excessively w/ classmates	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
Was respectful to teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
Used classroom time efficiently	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____
Other behavior: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: _____



Contacts List

When helping your teen manage ADHD, it's important to view the partnership between you, your teen's school, and medical providers as an "ADHD Team". This Contacts List provides a single place for keeping the names and numbers of all of the people involved in helping your teen manage ADHD.

WHO SHOULD USE A CONTACTS LIST?

Parents and their teens should fill out this Contacts List together, and make multiple copies of it. Make sure that everyone involved in your teen's ADHD care has a copy of it, including:

- **Your teen**, to keep in places such as his or her backpack, locker, binder/organizer, etc.
- **Your household**, posted in a visible location, like on the refrigerator, or by the telephone.
- **Your teen's teachers**
- **Your teen's school nurse**
- **Your teen's medical providers**

Contacts List

Child's Name:			
Home Phone:			
Cell Phone:			
E-mail Address:			
Home Address:			
	Name	Phone Numbers	Email Address
Emergency Contact:			
Parent/Guardian:			
Parent/Guardian:			
Family Doctor:			
Psychologist/Therapist:			
School – Main Number:			
School Nurse:			
Teacher:			
Advisor/Guidance Counselor:			
Tutor:			
Friend:			



Homework Log

Using an organized system of reminders and checklists can help students keep up-to-date with their homework assignments for the week. The Homework Log allows your teen to remember not just his or her homework assignments for each day, but also the materials required to complete them, their due dates, and checkboxes to indicate whether they have been turned in. Teachers vary in the way they assign homework: some expect the student to write down the assignment, in which case this Homework Log would be helpful. In other cases the teacher may hand out each day's or a week's worth of assignments at a time, which could take the place of the log if they are kept in the binder.

WHO SHOULD USE THIS TOOL?

This homework log should be updated daily by the student and verified and initialed by the parents.

HOW SHOULD IT BE USED?

Have your teen update the Homework Log as they are given new assignments. Make sure your teen indicates what materials are needed to complete the homework assignment. Every night, verify that your teen has finished the day's homework assignments, and/or your teen has expressed a need for help (and will ask the teacher the following day). Once you have verified this, initial the log.

Long-term projects are often divided into smaller, more manageable steps. These tasks can also be tracked using the Homework Log.

Make sure the Homework Log is kept in a safe place in your teen's binder or book bag.

Homework Log

Name:					
For the week of:					
	Description	Assigned by:	Parent's Initials:	Due date:	Turned In:
Assignment:	Books/Materials needed: _____ Help needed: Y / N				
Assignment:	Books/Materials needed: _____ Help needed: Y / N				
Assignment:	Books/Materials needed: _____ Help needed: Y / N				
Assignment:	Books/Materials needed: _____ Help needed: Y / N				
Assignment:	Books/Materials needed: _____ Help needed: Y / N				
Assignment:	Books/Materials needed: _____ Help needed: Y / N				



Initial Parent-Teacher Conference Organizer

Before the school year starts, schedule a time to meet with your child's teacher. This provides a useful opportunity to introduce yourself and learn about class expectations in advance, so that your child understands what he or she needs to do to be successful. A first meeting is also a good opportunity to discuss your child's individual educational needs with the teacher, and to find out where your child can get extra help, if needed.

WHO SHOULD USE THIS TOOL?

This tool is meant to be used by the parent or guardian.

HOW SHOULD IT BE USED?

Use this tool to take notes during the first time you meet with your child's teacher.

Make sure to exchange contact information with your child's teacher and discuss future communications.

After your meeting, sit down with your child and discuss the teacher's expectations for the class.

Initial Parent-Teacher Conference

Child's Name	Date / Time	Teacher	Class / Subject

Class Work Expectations

1. What are your expectations for the students of this class? Is a syllabus provided?
2. How much homework, on average, will be assigned each week?
3. Will any long-term or larger projects be assigned (reports, presentations, papers)?
- 4.

Discussion Points

- My child's individual needs
- Best learning approaches for my child; What approaches have worked well in the past?
- What else can I do to help my child be successful in your class?

Ongoing Communications

Teacher's Phone Number	Teacher's Email	Preferred Method of Contact

Date and Time of Next Contact:

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Medical Appointment Organizer

It is important to make the most of your visits with your teen's clinician. This tool will help you optimize these visits and give you the opportunity to capture information provided by the clinician. It will also allow your teen to present his or her questions or concerns to the clinician.

For many teens, the clinician conducts a portion of the medical visit without the parents present. This is a great opportunity for your teen to freely ask any questions they might have about their health. Your teen can use his or her own copy of the Medical Appointment Organizer to list any changes in health and ask any questions they might have for the clinician.

WHO SHOULD USE THIS TOOL?

Medical Appointment Organizers are to be used by both the teen and the parent or guardian in preparation for a clinical appointment. It is also very useful to capture notes during the appointment.

HOW SHOULD IT BE USED?

Print two separate copies of the Medical Appointment Organizer **BEFORE** your teen's medical visit. Have your teen independently complete his or her own copy of the organizer. Encourage them to come up with questions to ask their clinician.

Complete your own copy of the organizer. Remember to write down any questions you may have for your child's clinician. Prior to the visit, compare your copy and your teen's copy of the organizer, discussing any differences between the two.

During the visit, use the organizer to guide your discussion and to take notes. If the clinician makes any changes to your teen's medication regimen, be sure to make detailed notes. Make sure you and your teen fully understand how to take the medication. Before the visit ends, make sure that all of your (and your teen's) questions or concerns have been addressed.

After the visit, sit down with your teen and discuss the visit together. Keep the Medical Appointment Organizers in a safe place so that you can refer back to it if needed.

Medical Appointment Organizer

Child's Name	Date of Visit	Doctor's Name

Changes since child's last visit:	Less	Same	More	N/A
Feels restless/fidgets				
Interrupts/talks out of turn				
Easily distracted				
Has difficulty sleeping				
Other:				

Questions to ask during today's visit:	Notes
1.	
2.	
3.	
4.	

Changes to Medication Regimen?			
Medication	Dose	Take at	Notes

Follow Up Visit	
Date:	Time:



Medication Contract

If your teenager has received a prescription for ADHD medication, it is recommended that you sit down with him or her and discuss how to safely and responsibly take their medication. The Medication Contract can be used to structure this conversation.

WHO SHOULD USE A MEDICATION CONTRACT?

Parents should use this tool to speak with their teenagers about their medication. Having your teen sign a Medication Contract provides a good reminder of how to safely and responsibly take medication.

HOW SHOULD IT BE USED?

Have your teen complete the information box with the name of his or her medication, the dosage, and the times of day that the medication is to be taken. If your teen takes more than one medication, print separate Medication Contracts for each.

Read each agreement together with your teen, and make sure he or she fully understands them.

Have your teen sign and date the Medication Contract and update it if any part of their medication regimen changes.

Medication Contract

I, _____, understand that my doctor has prescribed medication to treat my ADHD.

- I understand that I am supposed to take a specific amount of medication at a specific time of day according to the following directions prescribed by my doctor:

Name of my medication:	
Dosage:	
Time(s) of day that I take my medication:	

- I understand that I should **NOT** take any *more* or any *less* of my medication unless my doctor tells me to do so.
- I understand that **I am the only person** that should take my medication. I promise to NEVER give or sell my medication to anyone else, because it could harm them.
- I promise to **tell an adult** (such as my parents or my teacher) if my medication has been **lost or stolen**.

I understand all of the rules above, and I promise to follow them so that I stay safe while taking my medication.

Signature: _____ Date: _____



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Medication Log

If your teenager takes medication for ADHD, it can be useful to keep a day-to-day record of the impact of the medication. This information can be extremely useful to your teen's health care provider - especially if teen child has just started taking medication, or if there has been a change in his or her current medication regimen. A medication log can help your teen's health care provider see whether or not the medication is having its intended impact.

WHO SHOULD USE THIS TOOL?

Your teen should be responsible for updating the medication log each day and keeping it in a safe place.

HOW SHOULD IT BE USED?

Have your teen update the medication log each day of the week.

The bottom half of the tool is to be completed at the end of each week. It asks your teen to evaluate his or her level of different ADHD symptoms experienced through the course of the entire week.

Present the completed medication logs to your health care provider. The prescribing clinician will be able to get a better idea of how effective a medication has been for your teen.

Medication Log							
Medication & Dosage:	Week of: _____						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
At what time(s) did you take your medication?							
Did you eat before or after you took your medication?	Yes, before Yes, after No	Yes, before Yes, after No	Yes, before Yes, after No	Yes, before Yes, after No	Yes, before Yes, after No	Yes, before Yes, after No	Yes, before Yes, after No
When did you notice the effects of the medication?	Immediately It took a while Never	Immediately It took a while Never	Immediately It took a while Never	Immediately It took a while Never	Immediately It took a while Never	Immediately It took a while Never	Immediately It took a while Never
How long did the effects of the medication last?							

How did you feel this week?								
I was able to focus and pay attention	Less	Same	More	I didn't lose or misplace things	Less	Same	More	
I completed my assignments and chores	Less	Same	More	It was hard for me to work/play quietly	Less	Same	More	
I was able to stay neat and organized	Less	Same	More	I felt like my mind was "sped up"	Less	Same	More	
I was able to sit still when I had to	Less	Same	More	I moved/fidgeted my hands or feet a lot	Less	Same	More	
I waited for my turn without interrupting	Less	Same	More	I felt nervous	Less	Same	More	



Parent-Teacher Conference Organizer

You and your high school student's teachers should communicate on a regular basis. Frequent communication is a key part of a team-based approach (parents, child, and teachers) to managing your teen's ADHD. It demonstrates that you want to work together with the teacher to ensure your teen has every chance at succeeding in school.

Parent-teacher conferences don't necessarily have to be long. Even a brief 15-minute meeting or phone call can be valuable. Some teachers even use e-mail to communicate with students and parents. Find out which method of communication your teen's teachers prefer.

WHO SHOULD USE THIS TOOL?

This tool is meant to be used by the parent or guardian of the high school student.

HOW SHOULD IT BE USED?

Use this tool to take notes whenever you meet or speak with your child's teachers. Be sure to ask about both the areas where your child excels and where there is room for them to improve.

Note that if you are meeting a teacher for the first time, you should use the "Initial Parent-Teacher Conference Organizer" tool.

Afterwards, sit down together with your teen and discuss the notes you took at the parent-teacher conference.

Parent-Teacher Conference Organizer

Child's Name	Date / Time	Teacher's Name	Class / Subject

My child is performing well in the areas of:	Examples

My child's biggest opportunities for growth are:	Examples

Notes

Date and Time of Next Contact:		Preferred Method of Contact:	
--------------------------------	--	------------------------------	--



Release of Information

ADHD in children is often best treated with a team-based approach, where there is frequent cooperation and communication between the child's school, parents, and health care providers.

By law, every individual's medical records are confidential. However, there are times when information-sharing can be useful when treating ADHD. A Release of Information form grants authority to your child's health care providers to share certain health information with your child's school. This could include information about your child's ADHD diagnosis or medications. The sharing of this information can be very useful when coordinating a team-based approach.

WHO SHOULD USE THIS TOOL?

The Release of Information form should be completed by the child's parent or guardian.

HOW SHOULD IT BE USED?

The middle portion of this form should list your child's health care provider (for example, a pediatrician or psychiatrist) as well as someone from your child's school. This could include a teacher, nurse, special education coordinator, or other school official. The purpose of this form is to allow the two listed parties to share medical information about your child.

RELEASE OF INFORMATION

THIS FORM CONFIRMS YOUR AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION FOR A SPECIAL PURPOSE.

CONFIRMATION OF AUTHORIZATION

I give my authorization for the people named below to share health information about my child's ADHD evaluation, diagnosis and treatment.

Child's Name: _____

Parent/Guardian's Name: _____

Address: _____

Telephone: _____

USE OF PROTECTED HEALTH INFORMATION

This information is to be used to coordinate services and treatment planning for the child named above, and may include information about my child's medical history, behavior, performance in school, and medications.

Teacher/School Official you are authorizing to receive, use and/or disclose the protected health information described above:

Name: _____

Telephone: _____

Treatment Provider you are authorizing to receive, use and/or disclose the protected health information described above:

Name: _____

Telephone: _____

BY SIGNING BELOW

- I have had the chance to read and think about the content of this authorization form and I agree with all statements made in this authorization.
- I understand that I may revoke this authorization at anytime by giving notice to the parties named above.
- I understand that by signing this form, I am confirming my authorization for release, disclosure and use of my child's protected health information.
- This authorization will expire in 180 days, unless otherwise changed and/or revoked.

Name of Parent/Guardian

Name of Witness

Signature of Parent/Guardian

Signature of Witness

Date

Date



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Transitioning from High School to College

This tool serves as a handy timeline and checklist to keep track of the things you and your high school student can prepare for to have a smooth transition into college.

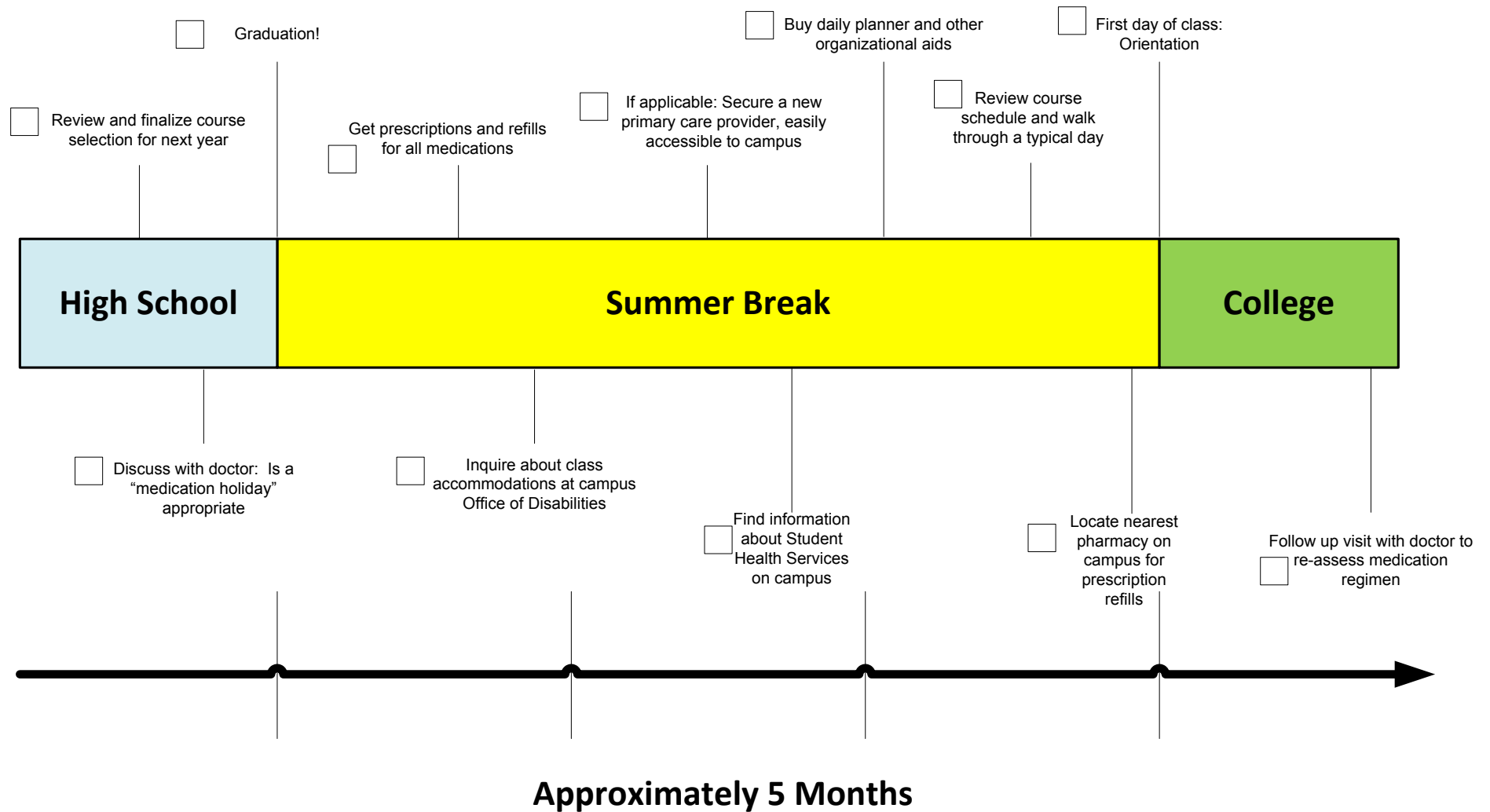
WHO SHOULD USE THIS TOOL?

This tool is meant to be used by the parents of high school students who will be entering college.

HOW SHOULD IT BE USED?

This tool is general timeline showing the end of your teen's last year of high school, summer break, and the first few weeks of college. The timeline is marked throughout with general suggestions on when to take certain steps that can help your teen manage their ADHD as it relates to school. Some of these steps include learning about campus health resources and locating the college's Office of Disabilities.

Transitioning from High School to College





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Weekday Planner

Having your teen keep a checklist of the day's activities can be a great way to establish and reinforce a sense of routine throughout his or her day.

WHO SHOULD USE THIS TOOL?

The Weekday Planner is meant to be filled out by your teen.

HOW SHOULD IT BE USED?

Print out a copy of the Weekday Planner for your teen at the beginning of each week, and help him or her fill it out. It should be updated daily and used to record and track all activities that are scheduled or reoccurring regularly.

Make sure your teen keeps it somewhere safe but accessible. Make it his or her responsibility to update the Weekday Planner frequently.

Weekday Planner

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/> Breakfast <input type="checkbox"/> Pack up for school <input type="checkbox"/> Take medication <input type="checkbox"/> _____	<input type="checkbox"/> Breakfast <input type="checkbox"/> Pack up for school <input type="checkbox"/> Take medication <input type="checkbox"/> _____	<input type="checkbox"/> Breakfast <input type="checkbox"/> Pack up for school <input type="checkbox"/> Take medication <input type="checkbox"/> _____	<input type="checkbox"/> Breakfast <input type="checkbox"/> Pack up for school <input type="checkbox"/> Take medication <input type="checkbox"/> _____	<input type="checkbox"/> Breakfast <input type="checkbox"/> Pack up for school <input type="checkbox"/> Take medication <input type="checkbox"/> _____
School	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Books for homework	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Books for homework	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Books for homework	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Books for homework	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Books for homework
After School	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Evening	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Homework <input type="checkbox"/> Dinner <input type="checkbox"/> Lay out clothes for Tues. <input type="checkbox"/> Brush teeth	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Homework <input type="checkbox"/> Dinner <input type="checkbox"/> Lay out clothes for Weds. <input type="checkbox"/> Brush teeth	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Homework <input type="checkbox"/> Dinner <input type="checkbox"/> Lay out clothes for Thurs. <input type="checkbox"/> Brush teeth	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Homework <input type="checkbox"/> Dinner <input type="checkbox"/> Lay out clothes for Fri. <input type="checkbox"/> Brush teeth	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Dinner <input type="checkbox"/> Brush teeth