**MY SCHEDULE FOR THE DAY**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have changed into scrubs**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My electronics/belongings are safe and secure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Time** | **Activity** |  | My goals for the day are: |
| **8 AM – 9 AM** | **Waking up** I want to wake up at: 8:00 8:30 9:00 9:30 |  |
| **8 AM – 10 AM** | **Daily routines*** *Meet your Nurse*
* *Eat Breakfast*
* *Vital signs*
* *Meet with Social Worker*
* *Order Lunch*
* *Hygiene (brush teeth, shower, etc.)*
 |  |
| **10 AM – 12 Noon** | **Academics*** *Quiet Reading*
* *Homework from school*
* *Worksheets*
* *Art*
 |  | My worries are:  |
| **12 Noon – 2 PM** | **Eat Lunch, Free Time** |  |
| **2 PM – 3 PM** | **Activities*** *Play ball*
* *Play board games, cards*
* *Work on an art project*
* *Go on a walk*
* *Work out video*
 |  |
| **3 PM – 5 PM** | **Free Time** |  | Questions:  |
| **5 PM – 6 PM** | **Eat Dinner** |  |
| **6 PM – 8 PM** | **Activities*** *Child Life visit*
* *Play games*
* *Art*
* *Read*
 |  |
| **8 PM – 10 PM** | **Night time Routines*** *Snack*
* *Vital Signs*
* *Get ready for bed*
 |  |
| **10 PM**  | **Quiet Time*** Reading
 |  | Things that help me fall asleep:  |
| **11 PM** | **Lights Out** |  |