**MY SCHEDULE FOR THE DAY**

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

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

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| **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** |  |