

# Weekend Morning Schedule

| Bathroom                                                                         | Hygiene                                                                                                                                                                                                                                                                                                                                                                                                        | Get Dressed                                                                        | Medication                                                                          | Breakfast                                                                           |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  | 1. Brush teeth <br>2. Wash face <br>3. Brush hair <br>4. Put on deodorant  |  |  |  |

| Clear Table                                                                       | Schedule                                                                                                                                                                                                                                                  | Social Group                                                                         | Schedule                                                                                                                                                                                                                                                  | Choice Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <div> <div>1</div> <div></div> <div></div> </div> <div> <div>2</div> <div></div> <div></div> </div> <div> <div>3</div> <div></div> <div></div> </div> <div> <div>4</div> <div></div> <div></div> </div> <div> <div>5</div> <div></div> <div></div> </div> |  | <div> <div>1</div> <div></div> <div></div> </div> <div> <div>2</div> <div></div> <div></div> </div> <div> <div>3</div> <div></div> <div></div> </div> <div> <div>4</div> <div></div> <div></div> </div> <div> <div>5</div> <div></div> <div></div> </div> | <div>CHOICE BOARD</div> <div> <div>            book         </div> <div>            puzzle         </div> <div>            snack         </div> <div>            ball         </div> <div>            music         </div> <div>            drink         </div> </div> |

## **Weekend Afternoon Schedule**

### **Bathroom**



### **Lunch**



### **Clear Table**



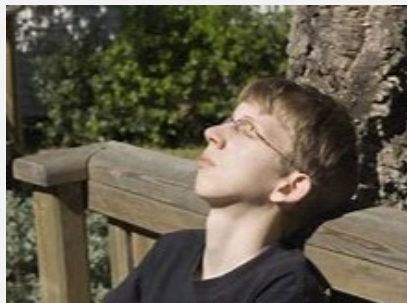
### **Medication**



### **Schedule**

|   |                          |                          |
|---|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> |

### **Quiet Time**



### **Bedroom**



### **Chore(s)**



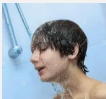
# **Weekend Early Evening Schedule**

| Bathroom                                                                         | Medication                                                                        | Snack                                                                              | Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
|  |  |  | <table><tr><td>1</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>2</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>3</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>4</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> | 1 | <input type="checkbox"/> | <input type="checkbox"/> | 2 | <input type="checkbox"/> | <input type="checkbox"/> | 3 | <input type="checkbox"/> | <input type="checkbox"/> | 4 | <input type="checkbox"/> | <input type="checkbox"/> | 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                                                                                | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 2                                                                                | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 3                                                                                | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 4                                                                                | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |
| 5                                                                                | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |   |                          |                          |

| Choice Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Schedule                                                                                                                                                                                                                              | Choice Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dinner                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <div><div>CHOICE BOARD</div><div><div><div>book</div></div><div><div>puzzle</div></div><div><div>snack</div></div><div><div>ball</div></div><div><div>music</div></div><div><div>drink</div></div></div></div> | <div><div>1</div><div></div><div></div></div> <div><div>2</div><div></div><div></div></div> <div><div>3</div><div></div><div></div></div> <div><div>4</div><div></div><div></div></div> <div><div>5</div><div></div><div></div></div> | <div><div>CHOICE BOARD</div><div><div><div>book</div></div><div><div>puzzle</div></div><div><div>snack</div></div><div><div>ball</div></div><div><div>music</div></div><div><div>drink</div></div></div></div> |  |

# **Weekend Late Evening Schedule**

| Schedule                                                                                                                                                                                                                                                  | Leisure                                                                           | Medication                                                                          | Snack                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <div> <div>1</div> <div></div> <div></div> </div> <div> <div>2</div> <div></div> <div></div> </div> <div> <div>3</div> <div></div> <div></div> </div> <div> <div>4</div> <div></div> <div></div> </div> <div> <div>5</div> <div></div> <div></div> </div> |  |  |  |

| Bathroom                                                                          | Hygiene                                                                                                                                                                                                                                                                                                                                                                                                                                         | Choice Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Bedtime                                                                              |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|  | <div>1.Shower </div> <div>2.Brush hair </div> <div>3.Brush teeth </div> <div>4.Put on pajamas </div> | <div>CHOICE BOARD</div> <div> <div><br/>book</div> <div><br/>puzzle</div> <div><br/>snack</div> <div><br/>ball</div> <div><br/>music</div> <div><br/>drink</div> </div> |  |