Visual schedule

Child _____

Put the pictures in order. Tick or take off each step when it is done.

Date _____

Morning

1 done ☐

2 done ☐

3 done ☐

4 done ☐

Afternoon

5 done ☐

6 done ☐

7 done ☐

8 done ☐

Evening

9 done ☐

10 done ☐

11 done ☐

12 done ☐

Cut out, or draw your own

 toilet	 wash hands	 get dressed	 eat	 brush teeth	 school	 car	 shop
 outside	 play	 screen	 book	 doctor	 home	 bath	 sleep

If the plan changes, show it on the schedule first, then say it. Keep the words short and the same every day.