

# BEDTIME ROUTINE

Usual time your child goes to bed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Physical care** (bathing, brushing teeth, giving medication, extra padding and diapers, etc.): \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Bedtime rituals** (songs, books, prayer, positioning, use of pillows, sheets and blankets, favorite toys, use of night light, etc.): \_\_\_\_\_

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Does your child sleep through the night? \_\_\_\_\_ If not, what helps him or her go back to sleep? \_\_\_\_\_

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