The ADHD Family Organizer

Printable Forms

These are the fill-in pages from *The ADHD Family Organizer: Routines, Checklists and School Notes for Parents of Kids 5 to 12*, by Hallie Brennick.

How to use them. Print only the pages you need, as many times as you need. Each form matches a chapter in the book, and the book explains how to use it. Start with the forms for the hardest part of your day.

Tip. Print the Morning Checklist, the Bedtime Checklist and the Caregiver Handoff Sheet first. Hang them where everyone can see them.

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This is an organizer, not medical advice. Keep your filled-in pages private. Do not post them, or photos of them, online.

Talk to Your Pediatrician or School If...

Keep this page handy. Come back to it any time.

Talk to your child's doctor if:

- [ ] You think your child might have ADHD. The CDC says the first step is to talk with a healthcare provider.
- [ ] You have any concerns about how your child is growing or developing. The CDC says to talk to your child's doctor first.
- [ ] Something in your logs worries you, and you want to know what it means.
- [ ] You have questions about sleep, eating, mood or behavior.
- [ ] You have any question about medicine or treatment. This book cannot answer those.

Talk to your child's school if:

- [ ] You want to work together on a plan. The CDC says parents, healthcare providers and schools can work together on a plan.
- [ ] Homework, behavior or friendships at school are a worry.
- [ ] You want to ask what help or services the school offers. Check your school district's rules.

My important contacts go on the Our Contacts page, right after this one.

Questions I want to ask:

_____

_____

_____

You know your child. Your notes help others see what you see. Bring them with you.

Our Contacts

One page for every name and number. Other pages in this book point here. Use pencil, and update it when things change.

> If anyone is in danger, call 911 (US) or your local emergency number.

Health

Who	Name	Phone	Email or portal
Child's doctor			
Office after-hours line			
Other provider			

School

School: _____ School year: _____

Who	Name	Phone	Email	Best time
Teacher				
Other teacher				
School office				
Principal				
Counselor or nurse				
Plan contact (if any)				

The teacher prefers: ☐ Email ☐ Note in backpack ☐ School app ☐ Phone ☐ Other: _____

Family and caregivers

Who	Name	Phone	Days they help
Other parent			
Grandparent or relative			
Sitter or program			
Other			

If I cannot be reached, call: _____ Phone: _____

Our Family Snapshot

Week of: _____ Filled in by: _____

Who is in our family day to day?

Name	Age or role	Notes (school, grade, work hours)

Our week at a glance. Write the fixed times and who is in charge.

Part of the day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Wake up (time / who)							
Out the door (time / who)							
School or care (times)							
Pickup (time / who)							
After school (activity / who)							
Homework (time / who)							
Dinner (time / who)							
Bedtime (time / who)							

Adults' work or busy hours:

Caregivers who help (name, day, time):

Our Busy Spots

Look at your snapshot. Where is the week tight? List up to three spots.

Busy spot (day and time)	Why it is busy	Who is in charge
1. _____		
2. _____		
3. _____		

Tick any that apply to your busy spots:

- ☐ A lot happens in a short window.
- ☐ One adult handles it alone.
- ☐ The routine changes from day to day.
- ☐ There is a handoff between adults.
- ☐ More than one child needs help at the same time.
- ☐ Other: _____

Jobs I could share with someone else:

- ☐ _____ could go to _____
- ☐ _____ could go to _____
- ☐ _____ could go to _____

Hard-Moments Map

Child: _____ Week of: _____

A hard moment is any meltdown, refusal or blowup. Each time one happens, put a mark (|) in the box for that day and part of the day. Don't write why. Just mark when.

Part of the day	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Wake up and getting ready								
Out the door								
After school								
Homework								
Dinner								
Screens off / switching tasks								
Bedtime								
Other: _____								
Total								

At the end of the week:

Where did most marks fall? _____

Do they match my busy spots? ☐ Yes ☐ Some ☐ No

Anything else I noticed: _____

Want to share this map with your child's doctor or school? ☐ Doctor ☐ School ☐ Not now

My Starting Point

The one part of the day I will work on first:

Why this one:

The chapter that covers it:

☐ Chapter 2: Mornings ☐ Chapter 3: Homework ☐ Chapter 4: After school

☐ Chapter 5: Bedtime ☐ Chapter 7: School ☐ Other: _____

Date I will start: _____

Date I will redo this snapshot (start of next term, or when times change): _____

Morning Routine Builder

Child: _____ Date: _____

Step 1. Out-the-door time.

We need to leave by: _____

Why this time (bus, drop-off, work): _____

Step 2. Every morning job. List them all. Don't sort yet.

	Job	Night before? (tick)
1		☐
2		☐
3		☐
4		☐
5		☐
6		☐
7		☐
8		☐
9		☐
10		☐
11		☐
12		☐

Step 3. Morning steps in order. Copy the jobs you did not tick. Put them in order. Guess the minutes.

Order	Step (clear words, one action)	Minutes
1		
2		
3		
4		
5		
6		
7		
8		
	Cushion (extra minutes)	
	Total minutes	

Step 4. Wake-up time.

Out-the-door time _____ minus total minutes _____ = wake-up time _____

Step 5. Clear-words check. Read each step out loud.

- ☐ Each step is one action.
- ☐ Each step starts with an action word.
- ☐ My child could do each step without asking a question.
- ☐ The list has eight steps or fewer.

Night-Before Checklist

Child: _____ Time we do this each night: _____

Job	Mon	Tue	Wed	Thu	Fri	Sun
Backpack packed and in its spot by the door	☐	☐	☐	☐	☐	☐
Homework in the backpack	☐	☐	☐	☐	☐	☐
Forms signed and in the backpack	☐	☐	☐	☐	☐	☐
Clothes laid out	☐	☐	☐	☐	☐	☐
Shoes by the door	☐	☐	☐	☐	☐	☐
Lunch packed or planned	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

Our backpack spot is: _____

Back-Up Morning List

For rough mornings. Bare minimum only. No guilt.

Child: _____

☐ _____

☐ _____

☐ _____

☐ _____

Who can use this list: ☐ Me ☐ Other parent ☐ Caregiver: _____

Where it is posted: _____

Morning Checklist

Week of: _____

[Child's name]: _____'s Morning

Wake up at: _____ Out the door by: _____

	Step	Mon	Tue	Wed	Thu	Fri
1		☐	☐	☐	☐	☐
2		☐	☐	☐	☐	☐
3		☐	☐	☐	☐	☐
4		☐	☐	☐	☐	☐
5		☐	☐	☐	☐	☐
6		☐	☐	☐	☐	☐
7		☐	☐	☐	☐	☐
8		☐	☐	☐	☐	☐
	All done!	☐	☐	☐	☐	☐
	Out the door on time?	☐	☐	☐	☐	☐
	Back-up list used?	☐	☐	☐	☐	☐
	Step that got stuck (number)					

End of week:

The step that got stuck most: _____

My one change for next week: _____

This week's win: _____

Picture-Card Checklist

[Child's name]: _____'s Morning Pictures

Hang this page where your child can see it. Its back is blank. Or copy or trace it onto a card.

Draw a picture or glue a photo in each box. Write the step next to it. Tick it when it's done.

Picture	Step	Done
(draw here)		☐
(draw here)		☐
(draw here)		☐
(draw here)		☐
(draw here)		☐
(draw here)		☐
(draw here)		☐

Picture ideas: toilet, toothbrush, shirt, cereal bowl, hairbrush, shoe, coat, backpack, front door, bus.

Homework Station Checklist

Set this up once. Check it again at the start of each month.

The spot

Our homework spot is: _____

- [ ] An adult can be nearby.
- [ ] The TV is off or out of view.
- [ ] Toys and screens are out of reach.
- [ ] The chair and table fit my child.
- [ ] There is good light.

The supply box

- [ ] Sharpened pencils
- [ ] Eraser
- [ ] Pencil sharpener
- [ ] Crayons or colored pencils
- [ ] Ruler
- [ ] Glue stick
- [ ] Child-safe scissors
- [ ] Lined paper
- [ ] Timer
- [ ] Water bottle
- [ ] _____
- [ ] _____

The folder

- [ ] One folder, bright color
- [ ] “To do” side labeled
- [ ] “Done” side labeled
- [ ] Child’s name on the front
- [ ] Teacher knows about the folder

Date set up: _____ Next check: _____

Homework Time and Place Card

Make a copy for every adult who helps with homework.

Child: _____

Day	Homework time	Where	Adult nearby
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Weekend			

Work block length: _____ minutes

Break length: _____ minutes (CHADD suggests 5 to 10 minutes)

Good break ideas for my child:

When homework is done:

- ☐ Sheets go in the "Done" side of the folder.
- ☐ Folder goes in the backpack.
- ☐ Backpack goes in its spot by the door.
- ☐ Supplies go back in the box.

Tonight's Jobs and Folder Check

Child: _____ Week of: _____

Open the folder together. Write each job in today's column. Break big jobs into small ones. Tick each one when it is done.

	Mon	Tue	Wed	Thu	Fri
Job 1	_____ ☐	_____ ☐	_____ ☐	_____ ☐	_____ ☐
Job 2	_____ ☐	_____ ☐	_____ ☐	_____ ☐	_____ ☐
Break	☐	☐	☐	☐	☐
Job 3	_____ ☐	_____ ☐	_____ ☐	_____ ☐	_____ ☐
Job 4	_____ ☐	_____ ☐	_____ ☐	_____ ☐	_____ ☐
Break	☐	☐	☐	☐	☐
Job 5	_____ ☐	_____ ☐	_____ ☐	_____ ☐	_____ ☐

Folder check

	Mon	Tue	Wed	Thu	Fri
Folder came home	☐	☐	☐	☐	☐
Finished sheets moved to "Done"	☐	☐	☐	☐	☐
Forms or notes signed	☐	☐	☐	☐	☐
Folder back in backpack	☐	☐	☐	☐	☐
Backpack in its spot by the door	☐	☐	☐	☐	☐

All done this week: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

20-Minute Work Log (Two Weeks)

Child: _____ Weeks of: _____

One line per day. Takes about a minute.

Date	Start time	Job	Minutes worked	Break taken?	Done?	Note
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

At the end of the two weeks:

Hardest day: _____ Easiest day: _____

Subject that took longest: _____

Is our set time working? ☐ Yes ☐ Mostly ☐ No

My one change for next time: _____

Something to share with the teacher: _____

Our win: _____

Our Hard Switches

Think about the last few afternoons. Which switches went badly? Write each one down.

#	The switch (from what, to what)	How often is it hard? (most days / some days / rarely)	Who is usually there?
1			
2			
3			
4			
5			

The one switch I will work on first: _____

Why this one: _____

Date I started: _____

Our Short Words

Pick a few words for each switch. Keep it to 2 to 5 words. Every adult uses the same words.

Switch	Our short words
Screen off	
Homework time	
Leaving a place	
Getting in or out of the car	
Coming to the table	

Words I want to stop using (they lead to arguments):

What I will say when a switch goes well:

Our After-School Plan

Write the steps in order. Keep it to 5 or 6 steps. Draw a small picture next to each one if your child is not reading yet.

Plan A (most days)

Step	What we do	Picture	Done
1			☐
2			☐
3			☐
4			☐
5			☐
6			☐

Plan B (caregiver days or busy days)

Which days? _____

No picture column here. For steps that match Plan A, point to the Plan A pictures.

Step	What we do	Done
1		☐
2		☐
3		☐
4		☐
5		☐

Where this plan will hang: _____

Copies given to: ☐ Other parent ☐ Grandparent ☐ Sitter ☐ Other: _____

Transition Warning Cards

Cut out these cards. The back of this page is blank, so nothing is lost. Or copy or trace them onto card. Fill in the blanks. Hold one up before a switch. Keep a set in the kitchen, the car and the caregiver's bag.

IN _____ MINUTES	**IN _____ MINUTES**
we switch to: _____	we switch to: _____
(draw it)	(draw it)
IN _____ MINUTES	**IN _____ MINUTES**
we switch to: _____	we switch to: _____
(draw it)	(draw it)
TIME TO SWITCH	**TIME TO SWITCH**
Next: _____	Next: _____
(draw it)	(draw it)

Card ideas to fill in:

- [ ] Screen off
- [ ] Leave the park or playground
- [ ] Out of the car
- [ ] Homework time
- [ ] Bath time
- [ ] Other: _____

Transition Log (2 weeks)

Fill in one line a day for the switch you are working on. It takes 1 minute.

Switch I am tracking: _____

Day	Date	Warning given?	How did it go? (easy / OK / hard)	Who was there?	What I noticed
Mon		☐			
Tue		☐			
Wed		☐			
Thu		☐			
Fri		☐			
Sat		☐			
Sun		☐			
Mon		☐			
Tue		☐			
Wed		☐			
Thu		☐			
Fri		☐			
Sat		☐			
Sun		☐			

Two-week look back

Easy days: _____ OK days: _____ Hard days: _____

What helped most: _____

What I will change next: _____

This week's win: _____

Bedtime Routine Builder

Bedtime: _____ Screens off by (1 hour before): _____

Who does bedtime on which nights?

Night	Who does bedtime
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Our steps, in order (5 to 7 steps):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Quiet things my child likes after screens go off:

Our short words for bedtime steps:

Bedtime Checklist

Hang this page at your child's eye level. Its back is blank. Or copy it, or write the steps on a card. Draw a picture next to each step.

Name: _____ **Bedtime:** _____

Step	Picture	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Screens off at _____		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
Lights out at _____		☐	☐	☐	☐	☐	☐	☐

I did it! Nights I finished my checklist this week: _____

Sleep Hours Page

Use this page to compare your child's planned time in bed with the CDC sleep guidance. This is a guide for planning, not a test.

Time in bed is not the same as time asleep. For ages 3 to 5, the range includes naps.

Age	Hours of sleep a day
3 to 5 years	10 to 13 hours (including naps)
6 to 12 years	9 to 12 hours

Child 1

Name: _____ Age: _____

School-day wake-up time: _____

Bedtime: _____

Planned hours in bed: _____

Range for this age: _____

☐ Want to ask about this? Note it for your child's doctor.

Child 2

Name: _____ Age: _____

School-day wake-up time: _____

Bedtime: _____

Planned hours in bed: _____

Range for this age: _____

☐ Want to ask about this? Note it for your child's doctor.

Wind-Down Log (2 weeks)

One line a night. About 1 minute.

Date	Screens off	Routine started	Lights out	How it went (easy / OK / hard)	Who did bedtime	Note

Two-week look back

Nights lights were out on time: _____ of 14

The step that gets stuck most: _____

What I notice on easy nights: _____

What I will change next: _____

This week's win: _____

Sleep Notes for the Doctor

Use this page if you want to talk to your child's pediatrician about sleep. Bring your wind-down log too.

Child's name: _____ **Date:** _____

Our bedtime and wake-up time: _____

What I have noticed about sleep (in my own words):

_____

_____

_____

How long I have noticed it: _____

What we have tried with the routine:

_____

_____

My questions for the doctor:

1. _____
2. _____
3. _____

What the doctor said:

_____

_____

Next steps:

- ☐ _____
- ☐ _____

Hard-Moment Log

> If anyone is in danger, call 911 (US) or your local emergency number. Fill this in later, once things are calm.

Child's name: _____

Entry 1

Date and time: _____ **Where:** _____

Before (who was there, what just happened): _____

_____

During (what I saw and heard): _____

_____

After (how it ended, about how long): _____

What seemed to help (my note): _____

Entry 2

Date and time: _____ **Where:** _____

Before (who was there, what just happened): _____

_____

During (what I saw and heard): _____

_____

After (how it ended, about how long): _____

What seemed to help (my note): _____

Entry 3

Date and time: _____ **Where:** _____

Before (who was there, what just happened): _____

_____

During (what I saw and heard): _____

_____

After (how it ended, about how long): _____

What seemed to help (my note): _____

Hard-Moment Log (continued)

> If anyone is in danger, call 911 (US) or your local emergency number. Fill this in later, once things are calm.

Child's name: _____

Entry 4

Date and time: _____ **Where:** _____

Before (who was there, what just happened): _____

_____

During (what I saw and heard): _____

_____

After (how it ended, about how long): _____

What seemed to help (my note): _____

Entry 5

Date and time: _____ **Where:** _____

Before (who was there, what just happened): _____

_____

During (what I saw and heard): _____

_____

After (how it ended, about how long): _____

What seemed to help (my note): _____

Entry 6

Date and time: _____ **Where:** _____

Before (who was there, what just happened): _____

_____

During (what I saw and heard): _____

_____

After (how it ended, about how long): _____

What seemed to help (my note): _____

Weekly Pattern Page

Week of: _____ **Number of hard moments:** _____

Which days? Tick each day there was a hard moment.

Mon	Tue	Wed	Thu	Fri	Sat	Sun
☐	☐	☐	☐	☐	☐	☐

What time of day?

- ☐ Morning _____
- ☐ After school _____
- ☐ Homework time _____
- ☐ Dinner _____
- ☐ Bedtime _____
- ☐ Other: _____

What was happening just before, most often?

_____

Who was there, most often?

_____

Anything that repeats?

_____

Tools from other chapters I might use:

- ☐ Transition warning cards (Chapter 4)
- ☐ Bedtime checklist (Chapter 5)
- ☐ Other: _____

Anything I want to ask the doctor or school about?

_____

Good-Moments Log

Write down one good thing a day. Be exact. Then tell your child.

Date	What my child did well	Did I tell them?
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

My favorite good moment this week: _____

One-Page Summary for the Doctor or School

Child's name: _____ **Age:** _____ **Grade:** _____

My notes cover: _____ to _____

Who this is for:

- ☐ Doctor
- ☐ Teacher
- ☐ School team
- ☐ Other: _____

Number of hard moments logged: _____

Times and places that came up most:

What was happening before, most often:

What I noticed seemed to help:

A few good moments:

1. _____
2. _____
3. _____

My questions:

1. _____
2. _____
3. _____

What they said and next steps:

- ☐ Copy kept in this book
- ☐ Copy shared with: _____

Teacher Note Templates

Copy a template. Fill in the blanks. Keep it short.

Note 1: Hello and please reach out early

Dear _____,

I am _____, parent of _____. I want to start the year as a team. If you notice any issues or concerns, please contact me early, before they become a problem.

The best way to reach me is _____ at _____.

Thank you, _____

Note 2: A quick update from home

Dear _____,

A quick update from home: _____.

I wanted you to know in case it helps in class. No reply needed unless you have questions.

Thank you, _____

Note 3: Asking for a meeting

Dear _____,

I would like to meet to talk about _____.

Times that work for me: _____.

Please let me know what works for you.

Thank you, _____

Note 4: Thank you and next steps

Dear _____,

Thank you for meeting with me on _____. Here are the next steps as I understood them:

1. _____
2. _____
3. _____

Please let me know if I missed anything.

Thank you, _____

Questions to Ask the School

Tick the ones you want to ask. Add your own. Check your school district's rules.

About my child in class

- [ ] What do you see in class? When does my child do well?
- [ ] When is the school day hardest for my child?
- [ ] How does my child handle switching between activities?
- [ ] How is my child getting along with other kids?

About support

- [ ] What supports are you already using with my child?
- [ ] Could an IEP or 504 plan be an option for my child?
- [ ] How does this school decide who gets an IEP or 504 plan?
- [ ] What are the steps, and who do I talk to first?
- [ ] What would you need from me?
- [ ] Is there a document I can read about how this works here?

About staying in touch

- [ ] What is the best way for us to stay in touch?
- [ ] How often can we check in?
- [ ] How will I know if something comes up?
- [ ] How can I help at home?

My own questions

- [ ] _____
- [ ] _____
- [ ] _____

Meeting Prep Sheet

Date and time: _____ **Place or link:** _____

Who will be there:

Why we are meeting:

The three things I most want to say:

1. _____
2. _____
3. _____

My top questions (from Questions to Ask the School):

1. _____
2. _____
3. _____
4. _____

What I am bringing:

- ☐ This organizer
- ☐ Report card
- ☐ Teacher notes
- ☐ Homework log (Chapter 3)
- ☐ Hard-moment summary (Chapter 6)
- ☐ Notes from the doctor I choose to share (Chapter 8)
- ☐ Other: _____

Who is coming with me (if anyone): _____

Meeting Notes

Date: _____ **Who was there:** _____

What the school shared:

What I shared:

Answers to my questions:

What was decided:

Next step	Who will do it	By when

- [ ] I read back the next steps at the end
- [ ] I asked for copies of any documents
- [ ] I put these notes in my school file

Follow-Up Tracker

Date of meeting	Next step	Who	Due	Done	Follow-up note sent?
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Thank-you notes sent this term: _____

This week's school win: _____

Questions to Bring

Child's name: _____ Visit date: _____

Provider or clinic: _____ Reason for visit: _____

What I have noticed at home

Date	What I saw	How often

What the school has noticed

Date	From	Note

What my child wants the doctor to know (in their words)

_____

_____

My questions

Tick your top three. Ask those first.

Top 3	Question	Answer (fill in at the visit)
☐		
☐		
☐		
☐		
☐		
☐		
☐		
☐		

Pages I tabbed to show

☐ Week pages ☐ Hard-moment log ☐ Teacher notes ☐ Wind-down log ☐ Other: _____

Bring with me

☐ This organizer ☐ Records folder ☐ Health card or insurance card ☐ Forms the office asked for ☐ A pen

Notes from the Visit

Date: _____ Provider or clinic: _____

Who came to the visit: _____

What we talked about

Words or terms I want to ask about or look up

Next steps

What	Who	By when	Done
			☐
			☐
			☐
			☐

Next visit

Date: _____ Time: _____ ☐ Added to the Appointment Log

Share with

☐ Other parent ☐ Caregiver: _____ ☐ School: _____ ☐ No one this time

☐ Caregiver Handoff Sheet updated (Chapter 9)

Questions I still have

Appointment Log and Records

Child's name: _____

Date	Provider or clinic	Reason for visit	Notes page or where filed	Next visit

Where I keep records

Paper folder or binder (where it lives): _____

Phone or computer folder name: _____

Office portal or message line: _____

Who else knows where to find it: _____

Records checklist

☐ Visit summaries and handouts, newest on top ☐ School reports and teacher notes

☐ Forms I filled in, with copies ☐ This organizer's logs, tabbed

Caregiver Team List

Phone numbers go on the Our Contacts page at the front of this book.

Name	Role	Days and times they help	Has the current handoff sheet
			☐
			☐
			☐
			☐
			☐
			☐

Team captain: _____ Backup: _____

Who does what this week

Day	Mornings	Pickup	Homework	Bedtime
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Caregiver Handoff Sheet

Child or children: _____ Version date: _____

Key times

Pickup	Snack	Homework	Dinner	Screens off	Bath	Bedtime

The routine, in order

After school	Homework	Bedtime
☐ _____	☐ _____	☐ _____
☐ _____	☐ _____	☐ _____
☐ _____	☐ _____	☐ _____
☐ _____	☐ _____	☐ _____
☐ _____	☐ _____	☐ _____

The words we use (word for word)

1. “_____”
2. “_____”
3. “_____”

What helps at our house

_____

_____

If a hard moment starts, we

_____

_____

If anyone is in danger, call 911 (US) or your local emergency number. Medicine instructions come from your child’s doctor, not this sheet.

Must-keeps (please don’t change these)

☐ _____

☐ _____

☐ _____

Who to call

Me: _____ Backup: _____ School: _____

Notes for today

_____

Caregiver Notes Back

One line at the end of each day. What went well? Any hard moment?

Date	Caregiver	What went well	Any hard moment?	Anything I should know
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	
			☐ No ☐ Yes	

Week 1: Days 1 to 7

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		

Notes to share (doctor, school or caregiver):

Week 1 Check-In

Fill this in after Day 7. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Before I started _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- ☐ Added a line to my Questions to Bring page (Chapter 8)
- ☐ Caregiver Handoff Sheet still current (Chapter 9)
- ☐ Shared this week's win with: _____

Week 2: Days 8 to 14

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 8		
Day 9		
Day 10		
Day 11		
Day 12		
Day 13		
Day 14		

Notes to share (doctor, school or caregiver):

Week 2 Check-In

Fill this in after Day 14. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Last week _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- ☐ Added a line to my Questions to Bring page (Chapter 8)
- ☐ Caregiver Handoff Sheet still current (Chapter 9)
- ☐ Shared this week's win with: _____

Week 3: Days 15 to 21

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 15		
Day 16		
Day 17		
Day 18		
Day 19		
Day 20		
Day 21		

Notes to share (doctor, school or caregiver):

Week 3 Check-In

Fill this in after Day 21. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Last week _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- ☐ Added a line to my Questions to Bring page (Chapter 8)
- ☐ Caregiver Handoff Sheet still current (Chapter 9)
- ☐ Shared this week's win with: _____

Week 4: Days 22 to 28

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 22		
Day 23		
Day 24		
Day 25		
Day 26		
Day 27		
Day 28		

Notes to share (doctor, school or caregiver):

Week 4 Check-In

Fill this in after Day 28. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Last week _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- [ ] Added a line to my Questions to Bring page (Chapter 8)
- [ ] Caregiver Handoff Sheet still current (Chapter 9)
- [ ] Shared this week's win with: _____

Week 5: Days 29 to 35

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 29	Day 30	Day 31	Day 32	Day 33	Day 34	Day 35
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 29		
Day 30		
Day 31		
Day 32		
Day 33		
Day 34		
Day 35		

Notes to share (doctor, school or caregiver):

Week 5 Check-In

Fill this in after Day 35. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Last week _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- [ ] Added a line to my Questions to Bring page (Chapter 8)
- [ ] Caregiver Handoff Sheet still current (Chapter 9)
- [ ] Shared this week's win with: _____

Week 6: Days 36 to 42

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 36	Day 37	Day 38	Day 39	Day 40	Day 41	Day 42
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 36		
Day 37		
Day 38		
Day 39		
Day 40		
Day 41		
Day 42		

Notes to share (doctor, school or caregiver):

Week 6 Check-In

Fill this in after Day 42. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Last week _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- ☐ Added a line to my Questions to Bring page (Chapter 8)
- ☐ Caregiver Handoff Sheet still current (Chapter 9)
- ☐ Shared this week's win with: _____

Week 7: Days 43 to 49

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 43	Day 44	Day 45	Day 46	Day 47	Day 48	Day 49
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 43		
Day 44		
Day 45		
Day 46		
Day 47		
Day 48		
Day 49		

Notes to share (doctor, school or caregiver):

Week 7 Check-In

Fill this in after Day 49. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Last week _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- ☐ Added a line to my Questions to Bring page (Chapter 8)
- ☐ Caregiver Handoff Sheet still current (Chapter 9)
- ☐ Shared this week's win with: _____

Week 8: Days 50 to 56

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 50	Day 51	Day 52	Day 53	Day 54	Day 55	Day 56
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 50		
Day 51		
Day 52		
Day 53		
Day 54		
Day 55		
Day 56		

Notes to share (doctor, school or caregiver):

Week 8 Check-In

Fill this in after Day 56. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Last week _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- [ ] Added a line to my Questions to Bring page (Chapter 8)
- [ ] Caregiver Handoff Sheet still current (Chapter 9)
- [ ] Shared this week's win with: _____

Week 9: Days 57 to 63

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 57	Day 58	Day 59	Day 60	Day 61	Day 62	Day 63
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 57		
Day 58		
Day 59		
Day 60		
Day 61		
Day 62		
Day 63		

Notes to share (doctor, school or caregiver):

Week 9 Check-In

Fill this in after Day 63. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Last week _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- [ ] Added a line to my Questions to Bring page (Chapter 8)
- [ ] Caregiver Handoff Sheet still current (Chapter 9)
- [ ] Shared this week's win with: _____

Week 10: Days 64 to 70

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 64	Day 65	Day 66	Day 67	Day 68	Day 69	Day 70
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 64		
Day 65		
Day 66		
Day 67		
Day 68		
Day 69		
Day 70		

Notes to share (doctor, school or caregiver):

Week 10 Check-In

Fill this in after Day 70. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Last week _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- [ ] Added a line to my Questions to Bring page (Chapter 8)
- [ ] Caregiver Handoff Sheet still current (Chapter 9)
- [ ] Shared this week's win with: _____

Week 11: Days 71 to 77

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 71	Day 72	Day 73	Day 74	Day 75	Day 76	Day 77
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 71		
Day 72		
Day 73		
Day 74		
Day 75		
Day 76		
Day 77		

Notes to share (doctor, school or caregiver):

Week 11 Check-In

Fill this in after Day 77. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Last week _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- [ ] Added a line to my Questions to Bring page (Chapter 8)
- [ ] Caregiver Handoff Sheet still current (Chapter 9)
- [ ] Shared this week's win with: _____

Week 12: Days 78 to 84

This week's focus: _____

Tick each routine that happened. A tick means you did it, not that it went perfectly.

	Day 78	Day 79	Day 80	Day 81	Day 82	Day 83	Day 84
Date							
Morning routine	☐	☐	☐	☐	☐	☐	☐
After-school plan	☐	☐	☐	☐	☐	☐	☐
Homework	☐	☐	☐	☐	☐	☐	☐
Bedtime routine	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
Hard moment? (log it, Chapter 6)	☐	☐	☐	☐	☐	☐	☐

Praise and wins

Day	Specific praise I gave	One thing that went well
Day 78		
Day 79		
Day 80		
Day 81		
Day 82		
Day 83		
Day 84		

Notes to share (doctor, school or caregiver):

Week 12 Check-In

Fill this in after Day 84. It takes about 10 minutes.

Routine	Days done (out of 7)	What helped	One change
Morning routine			
After-school plan			
Homework			
Bedtime routine			

This week's win (one thing that went better than last week):

Small successes I noticed:

1. _____
2. _____
3. _____

A win for each child: _____ _____

Hard moments: This week _____ Last week _____ When most? _____

One thing that helped me this week: _____

Next week's focus routine: _____ **My one change:** _____

- ☐ Added a line to my Questions to Bring page (Chapter 8)
- ☐ Caregiver Handoff Sheet still current (Chapter 9)
- ☐ Shared this week's win with: _____

Week 12 Review: Twelve Weeks Done

Twelve weeks of wins

Week	Win	Week	Win
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Routines that stuck

Routines that need more work

Ready to share

- [ ] Doctor: this page and my Questions to Bring page (Chapter 8)
- [ ] School: this page and my meeting prep sheet (Chapter 7)
- [ ] Caregivers: updated Caregiver Handoff Sheet (Chapter 9)

What comes next

- [ ] Start a new 12 weeks (a notebook with the same headings works)
- [ ] Keep only the week page
- [ ] Keep the checklists on the fridge and check in once a month
- [ ] Other: _____

A note to myself