

Activity
3

SMART STEPS



Read this with your parents and get started on your SMART STEPS to a great smile!

Dear Parents,

Use this calendar to keep track of daily brush, floss, and rinse routines by following these directions:

1. Post this calendar in the bathroom as a daily reminder.
2. Have your child place checkmarks inside the boxes for each cleaning session, both morning and evening.
3. At the end of the month, send a photo of your child's smile back to school along with this completed and signed calendar. Your child's teacher will post your child's photo and calendar and distribute a certificate of completion.

Student _____

Month _____



Brush in little circles around all your teeth, not just the front ones!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse
Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse
Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse
Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse	Day _____ <input type="checkbox"/> brush <input type="checkbox"/> floss <input type="checkbox"/> rinse

Remember the three steps to SMART STEPS—brush, floss, rinse!



Brush your tongue to keep your breath fresh.



Use an anticavity fluoride rinse. LISTERINE® SMART RINSE® provides 12-hour cavity protection.

Parent's Signature _____