

NAME _____

AGE _____



PRAIRIE GROVE
ORTHODONTICS

LET US KNOW
HOW YOU DID!



B	I	N	G	O
I Brushed My Teeth for 2 Min. This Morning	I Did 25 Jumping Jacks	I Made a Healthy Snack	I Did a Craft or Science Experiment	I Cleaned or Organized a Room or Drawer
I Drank 64 oz of Water 3+ Days this Week	I Listed My 3 Favorite Movies, Books, or Shows	I Stood on One Foot for 30 Seconds	I Didn't Drink Juice or Soda 2+ Days this Week	I Brushed My Teeth for 2 Min. This Morning
I Sang Out Loud or Danced Around	I Brushed My Teeth for 2 Min. This Evening	FREE SPACE!	I Played with My Pet or Played My Favorite Game	I Did 10 Push-Ups or Sit-Ups
I Walked or Jogged Around My House	I Went Outside at Least 3 Times This Week	I Drew, Colored, or Painted a Picture	I Brushed My Teeth for 2 Min. This Evening	I Ate My Favorite Candy or Snack (In Moderation!)
I Helped a Family Member with a Project	I Ate 2+ Servings of Fruits or Veggies Every Day This Week	I Flossed at Least 4 Times This Week	I Stretched for At Least 5 Min.	I Listed My 3 Favorite Songs or Bands