

MY BETTER SLEEP COMMITMENT CARD



Child's Name: _____

Country or Region: _____

Age: _____

Date: _____

This week, I will change: _____

Why this matters to me: _____

My bedtime goal: _____

My wake-up goal: _____

Who will help me with this goal? _____

I promise to try my best for 7 days.

Signature: _____

