



★ Which sleep issues is your child currently struggling with that you want to change?

- ☐ Frequent night wakings
- ☐ Catnapping
- ☐ Early morning waking
- ☐ Difficulty settling to sleep at naptime and/or bedtime/only settling with help
- ☐ Struggling to settle in the middle of the night
- ☐ Other:

If it's helpful, feel free to use the rest of the page/ other side of it to write more about your situation, how you're feeling about the process, what you want to achieve, or what you look forward to after sleep training.

It might not even be specific to sleep! Maybe you're looking forward to having more time with your partner in the evenings, or that you feel more relaxed and peaceful as a parent. Or maybe you're feeling nervous about something. Whatever it is, getting your thoughts on paper, knowing clearly what your end-goal is, and imagining how it will feel once you reach that point, will help you stay motivated and consistent!

The importance of sleep



★ **How are your child's sleep issues currently affecting you?**

★ **How are your child's sleep issues affecting them?**

Nature vs. Nurture



REFLECT ON THE FOLLOWING QUESTIONS:

- ★ **What is your little one's temperament like, and how might that be affecting sleep?**

- ★ **What kind of habits have you helped form in the past in regards to sleep?**



3.1 MOTORIC DEVELOPMENT

★ Which of these developmental milestones has your child mastered so far:

- ☐ Rolling
- ☐ Tummy sleeping
- ☐ Army-crawling
- ☐ Crawling (on all fours)
- ☐ Pulling to a stand
- ☐ Cruising
- ☐ Walking

★ Have you noticed any new developments in the last 2 weeks?

If so, which, if any, of these signs of a motoric leap have you noticed in the past 1-2 weeks:

- ☐ Sudden long awakenings in the middle of the night (especially between 1-3 am)
- ☐ More night wake-ups
- ☐ Struggling to settle for naps and/or bedtime
- ☐ Signs of trying to practice their new skill in bed (even when sleeping!)

If you ticked 2 or more of the boxes above, your child might be going through a motoric leap. Check out the Troubleshooting module for more detailed information on each specific motoric development, and how to respond while still working on your child's sleep.



3.2 SEPARATION ANXIETY

★ **Which, if any, of these signs of separation anxiety have you noticed recently?**

(We assume that you are the primary caregiver, and that your child's separation anxiety is mainly shown in relationship to you. If this is not the case, substitute "you" with whoever the primary caregiver is in the statements below).

- ☐ Clinginess
- ☐ Looking for you or crying out when you leave the room or are out of sight
- ☐ Crying in response to you leaving the house
- ☐ Preferring you over any other caregiver
- ☐ Refusal to be taken care of by anyone else when you are around
- ☐ Wanting to be held more than usual

If you checked 3 or more than boxes above, your child might be going through a period of heightened separation anxiety.

★ **Which of these extra measures will you be adding to your sleep plan?**

- ☐ Add intentional connection times that involve both emotional availability and physical touch into your daily schedule (a minimum of 2x10 minutes, where your attention is fully on your child).

Examples of connection time : a walk with your child in the carrier, snuggle time on parents' bed, reading books together, rough-and-tumble play, etc.

- ☐ Practice short times apart, where your little one is cared for by someone you trust and the child feels comfortable with.
- ☐ Give your little one lots of quality alone time with the other parent/caregiver
- ☐ Involve the other parent/caregiver in bedtime rituals
- ☐ Have the other parent/caregiver handle stroller naps



3.3 REGRESSIONS

Is your child 4-6 months old?

★ Which, if any, of these signs of the 4-month sleep regression have you noticed in the last 2 weeks?

- ☐ Increased night wake-ups (even 1-2 hourly) compared to a month ago
- ☐ Short naps (30-40 minutes) when previously baby was doing long naps
- ☐ Requires a pacifier / feeding / rocking / movement to fall asleep
- ☐ Suddenly requires more assistance to fall asleep / fights sleep more

Since the 4-month sleep regression is actually a progression in sleep development, these signs may not subside even after your baby has gone through the acute developmental period.

Is your child 8-10 months old?

★ Which, if any, of these signs of the 9-month sleep regression have you noticed in the last 2 weeks?

- ☐ Difficulty settling to sleep
- ☐ Short naps when previously baby was doing at least one long nap
- ☐ Increased night wakings compared to previously
- ☐ Early morning waking (usually a result of the short naps)



Is your child 12-14 months old?

★ Which, if any, of these signs of the 12-month sleep regression have you noticed in the last 2 weeks?

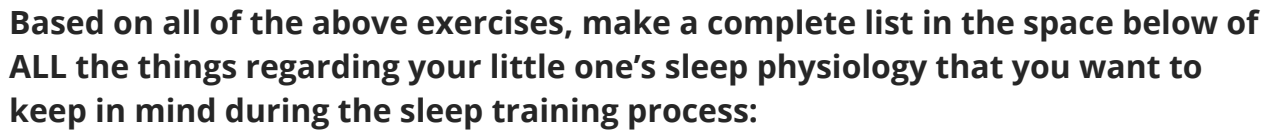
- ☐ Fighting naps (often the second nap is a bigger struggle)
- ☐ Increased separation anxiety and tantrums
- ☐ Secondary night wakings or early morning rising due to overtiredness

Is your child 18 or 24 months old?

★ Which, if any, of these signs of the 18- or 24-month sleep regression have you noticed in the last 2 weeks?

- ☐ tantrums
- ☐ power struggles before bedtime "one more drink...; one more kiss...; one more..."
- ☐ getting out of bed
- ☐ keeping themselves awake.

If you ticked 2 or more boxes for your child's age, it is likely they are going through a sleep regression. Check out the Troubleshooting module for more detailed information on each regression, and how to respond while still working on your child's sleep.

This image shows a blank sheet of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no other markings, text, or illustrations on the page.

Setting the stage for good sleep



★ How sensitive is your child to their sleep environment?

- ☐ My child wakes up easily because of household or outside noises
- ☐ It's hard for my child to settle to sleep when there are out of the ordinary noises in the house (such as guests in the other room)
- ☐ It's hard for my child to settle to sleep when outside the home
- ☐ It's hard for my child to settle to sleep outdoors (in the stroller or carrier)
- ☐ My child is easily distracted by people or noises during feedings
- ☐ My child was hard to settle to sleep as a newborn
- ☐ My child often fights sleep
- ☐ My child gets easily upset or frustrated
- ☐ My child seems to be sensitive to too much noise in general

If you ticked 3 or more of the above points, it is likely that your child is more sensitive or easily overstimulated in general, which means that it will be even more important to ensure that their sleep environment is optimized.

Dreaming in the dark



- ★ **On a scale of 1 to 10, how would you rate the current darkness of your little one's room?** *1 = so bright you can see everything in the room; 10 = so dark you can't see your hand in front of your face.*



- ★ **If it's not at an 8 or higher at the moment, try one of the solutions below to darken the room more:**

- ☐ Add or switch out black-out blinds
- ☐ Add or switch out blackout curtains
- ☐ Use black garbage bags to darken the room temporarily
- ☐ Use a portable blackout blind for travel or to double up at home behind lighter curtains (**Tommee Tippee portable blind**, formerly known as the Gro Anywhere Blind, or something similar)
- ☐ Put rolled up blanket or towel under the door to block out extra light
- ☐ Use a **Slumberpod** to create a dark sleep environment around your child's bed

Optimize the sleep environment



3.1 WHITE NOISE

★ **Are you currently using white noise?**

- ☐ Yes
- ☐ No

★ **If not, does your child match any of the following?**

- ☐ Is under 12 months of age
- ☐ Is room-sharing with you
- ☐ Is room-sharing with a sibling
- ☐ Is sensitive to their environment (reference the checklist for lesson 1 above)

If you checked one or more of the boxes above, we would recommend adding white noise to your child's sleep environment.

★ **If you are already using white noise or plan to start using it, make sure you're using it in the most helpful way:**

- ☐ Constantly playing throughout the entire nap and entire night
- ☐ Use white, brown or pink noise (instead of other possible noises, such as washing machine or rainfall or nature noises)
- ☐ Play noise at max 50dB during sleep (measured close to your child's head)
- ☐ Place noise machine at least 1m away from your child's bed

Optimize the sleep environment



3.2 TEMPERATURE

★ What is the temperature of your child's room right now for sleep?

- ☐ Yes
- ☐ No

★ Signs that suggest your child is too hot in the night:

- ☐ Sticky/sweaty neck, chest or hairline
- ☐ Warm/sweaty hands and feet
- ☐ Restless sleep or difficulty settling
- ☐ Room temperature is frequently over 22 degrees

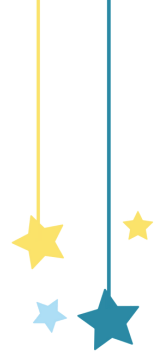
If you feel your child is too hot at night, consider adding a fan, opening the window, turning on the air conditioner (if you have one) and/or adjusting your child's sleepwear accordingly.

★ Signs that suggest your child is too cold in the night:

- ☐ Frequent waking between 4-6am
- ☐ Cold hands/feet/ears/nose/cheeks, back and/or chest
- ☐ Child wakes up soon after falling back asleep
- ☐ Room temperature is frequently below 18 degrees

Remember that adding a blanket is a suffocation risk under 12 months or when your child sleeps in a crib, so instead, if you feel your child is too cold in the night, consider adding another layer of clothing, increasing the TOG level of your child's sleeping bag (see the chart below), or putting a small space heater into your child's room.

Optimize the sleep environment



	14°C 57°F	16°C 61°F	18°C 64°F	20°C 68°F	22-24°C 72-75°F	24-27°C 75-81°F
0.2 TOG						
1.0 TOG						
2.5 TOG						
3.5 TOG						

Source: lovetodream.ph

3.3 MOVEMENT

★ Does your child often do naps with movement? (Stroller, carrier, carseat, or hammock?)

☐ Yes

☐ No

***If your answer to the above question is YES, continue on to the following questions.
If your answer to the above question is NO, continue on to worksheet lesson 3.4.***

★ How many naps per day are with movement?

★ Signs that naps with movement are not restorative for your child:

- ☐ Your child only catnaps, even with movement
- ☐ Your child frequently wakes up crying or grumpy from a nap with movement
- ☐ Your child starts to show tired signs soon after their nap or well before their optimal age-appropriate awake time is up

Your child is fussy or easily frustrated, even straight after their nap

LESSON 4

Safe sleep



Evaluate your child's sleep safety by filling out the relevant checklist for your situation below. Make sure to come back and review the appropriate safe sleep checklist for your new sleep situation, if you decide based on Lesson 5 of this module to do a bed transition during the sleep training process.

★ Safety checklist for bed-sharing / co-sleeping

- ☐ Firm mattress
- ☐ Few pillows and minimal bedding
- ☐ No bedding close to baby
- ☐ Mattress on the ground
- ☐ No space between mattress and wall
- ☐ Baby sleeps between mom and the wall, not between mom and dad
- ☐ Mom is breastfeeding
- ☐ Neither parent is overweight
- ☐ Mom didn't smoke during pregnancy AND neither parent currently smokes
- ☐ Neither parent has consumed alcohol
- ☐ No other children sleep in the bed
- ☐ No pets sleep in the bed
- ☐ Neither parent takes drugs or is on constant medication (unless approved by your doctor)

★ Safety checklist for the crib

- ☐ Mattress and cot meet safety standards, and mattress is firm and flat
- ☐ No loose bedding or blankets
- ☐ No pillows

LESSON 4

Safe sleep



- ☐ No crib bumpers
- ☐ No extra toys are in the bed (except for one small lovey/cuddly after 7 months)
- ☐ No smoking in the bedroom
- ☐ If still using a swaddle, the swaddle is firm and not able to ride up over the baby's face
- ☐ Your baby is dressed appropriately for the room temperature to avoid overheating (go through previous lessons' checklist for room temperature in your worksheet if you haven't already done so)
- ☐ Baby's head is not covered with a hat or anything else
- ☐ Baby is placed on their back to sleep (may sleep on their stomach if rolling into this position themselves)
- ☐ Mattress height is adjusted depending on your child's age and mobility

★ Safety checklist for the open bed / floor bed

Treat the whole room as a "bed". Your baby needs to be able to roam the room freely unsupervised, in order for them to be able to learn to self-settle.

- ☐ No shelving or other heavy items that the child can pull onto themselves (attach cupboards and shelves to the wall)
- ☐ No dangling cords that they could get tangled in
- ☐ No unprotected electric sockets
- ☐ No toys that could provide a distraction
- ☐ Child locks on all windows or balcony doors
- ☐ No high cupboards that your child can climb onto / fall off of
- ☐ Bathroom locked for water safety, if a bathroom is directly accessible from the child's room
- ☐ Consider adding a baby gate to the bedroom door (optional)

LESSON 5 & 6
Bed transitions



★ **Where is your child currently sleeping?**

.....

★ **Is there a transition that you plan on doing before or during sleep training?**

☐ Yes

☐ No

★ **Based on what you learned in Lesson 5, what is your plan for transitioning your child into the new sleeping arrangement?**

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★ Additional ideas to naturally encourage healthy sleep habits

- ☐ Go outside at least once a day with your child to get fresh air and some sunshine!
- ☐ Avoid screen-time 2-3 hours before bedtime
- ☐ Making sure any light source in your child's room has a warm tone (think sunset colors!)

★ **Based on all of the above exercises, make a complete list of ALL the changes you want to make to your child's sleep environment in the space below:**

This image shows a full page of a handwriting practice worksheet. It consists of multiple sets of three horizontal dashed lines spaced evenly down the page, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text present.

Key principles of day routines



Based on the key principles for day routines, the age-specific information, and our suggested day routines, take notes below regarding any changes you want to make:

PRINCIPLE 1: Wake your baby up at the same time every day

★ **What time is your child currently waking up in the morning?**

.....

★ **What time is your child currently going to bed in the evening?**

.....

★ **Based on the 2 previous times, what is your child's total night sleep duration (including wake-ups and night feeds)?**

..... h
..... h

Rule 1: *If your child is frequently sleeping less than 11h from bedtime to wake-up in the morning (including night feeds and wake-ups), address early morning waking (more on this in Module 8).*

Rule 2: *If your child is sleeping 11-12h from bedtime to wake-up in the morning (including night feeds and wake-ups) do not adjust their wake up time more than 30 minutes earlier or later UNTIL you've consolidated night sleep with sleep training.*

Rule 3: *If your child often sleeps longer than 12h from bedtime to wake-up in the morning (including night feeds and wake-ups) begin to consistently cap their night sleep at 12 hours, in order to achieve a well-balanced day routine.*

★ **Based on the rules above, what's the desired wake-up time for your child?**

.....

Use this as the foundation for building your child's age-appropriate day routine.

Key principles of day routines



PRINCIPLE 2: Observe age-appropriate awake times

★ Circle your child's ideal awake time on the chart below:

DAY SLEEP NEEDS & AWAKE TIMES

AGE	AWAKE TIME	TOTAL DAY SLEEP	NUMBER OF NAPS
4 months	1.75-2 h	3.5-4 h	3-4
5 months	2-2.25 h	3.5-4 h	3
6 months	2.25-2.5 h	3.5 h	3
7-8 months	2.5-3 h	3-3.5 h	2-3
9-12 months	2.5-4 h	2.5-3 h	2
12-15 months	2.5-4 h	2.5-3 h	2
15-18 months	3-5 h	2-2.5 h	1-2
19-24 months	4.5-5.5 h	2 h	1

**Night sleep is 11-12h for all ages*

PRINCIPLE 3: Be observant of your little one's tired signs

★ Look at the graph below and make a note of which tired signs you've noticed with your own child.

EARLY SIGNS OF TIREDNESS

decreased activity
slower movements
"talking" less
quieter
disinterested in the environment
weaker sucking at breast/bottle
heavy eyes
red eyebrows
yawning
rubbing eyes
increased activity
irritable
hyperactivity
whining
loud babbling or screaming
crying
arching back

My child's early tired signs:

If you haven't paid attention to tired signs so far, we encourage you to do so starting today.

LATE SIGNS OF TIREDNESS

Key principles of day routines



PRINCIPLE 4: Focus on encouraging a long, restorative midday nap

★ **Is one of your child's naps regularly 1.5-2 hours long?**

☐ Yes

☐ No

*If **NOT**, NAP EXTENSIONS will need to be a key focus for your sleep plan.*

★ **If YES, does this nap take place in the middle of your child's day?**

☐ Yes

☐ No

*If **NOT**, then make note you will most likely need to adjust this as you create your child's optimal day routine. We don't recommend the morning nap, if relevant to your child, to be the only long nap of the day, as this often leads to overtiredness in the evening and early morning wake-ups.*

★ **Does your child regularly take 2 longer naps of 1.5-2 hours each?**

☐ Yes

☐ No

*If **NOT**, we suggest you choose the "short - long (- short)" day structure from our age-specific routines in Lesson 3 of Module 4.*

*If **YES**, you can choose the "long-long(-short)" day structure.**

**Keep in mind, this day structure can be more difficult to maintain once you've weaned all sleep associations and your child is no longer struggling with overtiredness. If after the sleep training process the midday nap starts to become shorter or is very difficult to extend, we suggest you switch to the "short-long(- short)" day structure*

Key principles of day routines



PRINCIPLE 5: Use biological sleep windows to your advantage

Using your ideal morning wake up time as the starting time of your day, and the biological sleep window information below, calculate the biological sleep windows for YOUR child's schedule.

According to a 7am wake up, the biological sleep windows are as follows:

Morning nap: 9-10am

Lunch nap: 12-2pm

Bedtime: 6-7pm

For example, if you calculated your child's ideal morning wake up time to be 6:15am, then their biological sleep windows would be 8:15-9:15 (morning nap), 11:15am-1:15pm (lunch nap), 5:15-6:15pm (bedtime)

★ **Based on the information above, write out your child's biological sleep windows below:**

Morning nap:

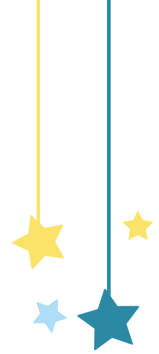
Lunch nap:

Bedtime:

KEY POINTS TO REMEMBER:

- ❗ Remember, the sleep windows are not the exact time and lengths of your child's ideal naps, but rather give you the ideal range of time where your child's naps should BEGIN. This is when they will fall asleep most easily, and have the most restorative sleep.
- ❗ We do not include the 3rd nap because there is no natural sleep window at this time. If your child is still doing 3 naps, this "forced nap" will need to happen in between the midday nap and bedtime.

Creating a bedtime ritual



- [illegible]

Realistic nighttime expectations



★ How many night wakings does your child currently have on average?

★ How many of those night wakings are feeds?

NIGHT FEEDS*

AGE	LONGEST STRETCH OF SLEEP	GOAL NUMBER OF FEEDS	INITIAL TIME BETWEEN FEEDS
4 months	4-6 h	2-3	3-4 h
5 months	4-8 h	1-2	3-4 h
6 months	6-8 h	1-2	4 h
7-8 months	6-8 h	1-2	4-5 h
9-12 months	8-12 h	0-1	4-6 h
> 12 months	11-12h	0	6-12 h

**Over 11-12h of night sleep*

★ Based on the guidelines above, what is your goal for your child's night sleep?

It's up to you to decide what your goal is. It could be the best your child could do at this age, or it could be just slightly better than your current situation. For example, your goal could be to get your 10-month old sleeping through the night or it could be to go from 4-5 night feeds down to just 2.

Longest stretch of sleep: -----

Number of night feeds: -----

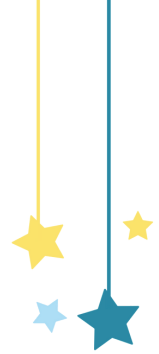
Summary



- ★ **Based on the exercises above, our sample day routines and what you've learned in this module, write down your child's optimal day routine below.** *(As mentioned, all of our suggested routines are based on a 7am-7pm day, so if the ideal wake up time for your child is earlier or later than this, then you will need to adjust our suggested day routine to fit your family's schedule.)*

If you think your child is ready to drop a nap, be sure to check out the practical tips for that specific nap transition in the Troubleshooting Module.

TIME	ACTIVITY
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As parents we often bring our childhood responses into our parenting style. Identifying certain behaviors or emotions that “trigger” us can enable us to intentionally choose to be more calm with our own children, even in the face of their sadness, frustration or even anger. This doesn’t mean that all behavior is acceptable or that there are no boundaries, but rather that you are your child’s safe place.

★ **We encourage you to journal on the following questions so that you can be better prepared for the sleep training process:**

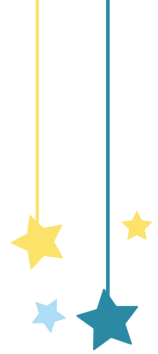
- ① When your child cries, what is your first response? Do you feel calm or anxious? Are you able to hold space for those emotions, and find out what’s going on, or do you feel the need to just “make the crying stop”?
- ① When you think of your family of origin, how were your tears or the tears of other siblings responded to by your parents or caregivers?
- ① How might your childhood be related to the way that you respond to your child’s tears now?
- ① Is there anything you’d like to change in the way that you respond to your little one?
- ① How do you interpret your child’s tears when they are falling asleep? Reflect on other reasons there could be for their behavior or emotions?

Example:

Current interpretation of your child’s crying is: “He must feel abandoned and scared that I left the room.”

Alternative interpretations: “He is crying because of overtiredness.” “He is tired and frustrated that he can’t fall asleep on my breast like he’s used to.” “He’s confused about the new sleeping arrangement and wants to make sure I’m still here.”

Positive affirmations to use during sleep training



Here's a list of positively affirming sentences that may be helpful for you during the sleep training process as you are dealing with your little one's frustration and crying as well as your own emotions.

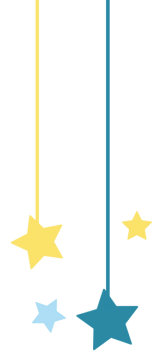
★ To yourself:

- ♡ "I am doing my best as a parent and that is enough."
- ♡ "It's ok for me to prioritize my own needs alongside those of my child."
- ♡ "I am well prepared to do this."
- ♡ "We will be able to do this."
- ♡ "Change can be good and easy."
- ♡ "I am loved and loving."
- ♡ "I am safe and my child is safe."
- ♡ "Crying is a form of communication."
- ♡ "My child is allowed to have big feelings."
- ♡ "I can handle my child's big feelings."
- ♡ "I am calm and supportive."

★ To your child:

- ♡ "You are loved."
- ♡ "You are safe."
- ♡ "I am here for you."
- ♡ "I know this is hard and I am here to support you."
- ♡ "I know you can do this and I will support you."
- ♡ "We can do this together."

Take a new piece of paper and physically write out the affirmations above that speak to you the most. Put each affirmation in a place you will easily see on a regular basis. You can repeat them to yourself multiple times a day, memorize them, or speak them over yourself and your child during sleep training.



Put a tick next to each of the following sleep associations you've identified after going through Module 6:

★ **Helpful sleep associations (that my child CAN replicate on their own)**

- ☐ Pacifier (child is physically able to find and replace independently, EVEN IF they are currently requesting parental assistance to do so)
- ☐ Sleep sack
- ☐ Constant white noise
- ☐ Regular bedtime ritual
- ☐ Consistent sleep space (child falls asleep where they continue to sleep for the rest of the nap and/or night)

Well done! These are things that you can continue doing if you already have them in place! If not, you can consider introducing all of these above helpful sleep associations, to encourage better sleep.

★ **Unhelpful sleep associations (that my child cannot replicate on their own)**

- ☐ Pacifier (child is physically unable to find and replace)
- ☐ Rocking / movement - this includes baby carrier, stroller, carseat, hammock swings, rockers, in parents' arms etc.
- ☐ Feeding to sleep / Sucking (feeding until asleep or just before the child goes to bed, even if they don't fall asleep while actually feeding)
- ☐ Parental presence in the room
- ☐ Falling asleep in one room but then moved to another sleep space later on

Keep these sleep associations in mind as you move onto Module 7 and 8, as your answers to question 2 above will be the main things that you will need to wean your child from during the sleep training process.



If you're unsure about which method will fit you and your child best, the following questions might be helpful in making the decision. Circle the heart or the bear icon depending on which statement rings most true for you or for your child:



Is my child generally quite calm, relaxed and easily settled?

OR



Is my child easily overstimulated, distracted by noises, and sensitive in social interactions?



Can I stay calm and composed in myself when my baby is crying and I stay in the room?

OR



Do I regularly need to leave the room for a short break in order to stay calm and patient, because the crying feels emotionally overwhelming and stressful?

When I imagine weaning off a sleep association and my little one being frustrated at bedtime...



Do I feel more confident in my ability to not offer the sleep aid if I stay in the room with them?

OR



Would it be easier to stay consistent when I'm not physically present all the time?



Does my baby currently rely on me being in the room to fall asleep (ie. feeding or rocking to sleep)?

OR



Am I currently already able to leave the room when my baby is not yet fully asleep (ie. baby falls asleep in the room by themselves with the pacifier in their mouth)?

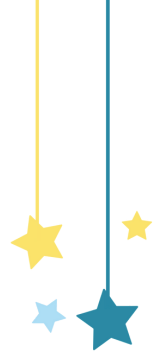
*If you circled mostly **hearts**, we suggest that you consider an IN-ROOM settling method. If you circled mostly **bears**, we suggest that you consider selecting "Intervalled Soothing", or an OUT-OF-ROOM settling method.*



Put a tick next to your chosen settling method below:

- ☐ Shhh-Pat Method
- ☐ Accompanied Settling Method
- ☐ Gradual Retreat Method
- ☐ Intervalled Soothing Method

Preparing for sleep training



How do you plan to prepare yourself and your family for sleep training? Look through the different ways to prepare and write out which and how you plan to implement.

★ Preparing with your spouse/partner

- ☐ Discuss the sleep plan together
 - ☐ Discuss your individual responsibilities and contribution to this process
 - ☐ Organize external support/help if needed
 - ☐ Discuss with your spouse or partner about how you can take turns giving each other the chance to rest before and during the sleep training process
 - ☐ Other...
-

★ Preparing your child

- ☐ Talk to your child every day about the changes that are about to take place
 - ☐ Introduce the new sleep environment
 - ☐ Do fun role plays to model the sleep training process
 - ☐ Visually track time until you start the sleep training process
 - ☐ Create a bedtime ritual poster with your child
 - ☐ Start to implement the new day routine
 - ☐ Improve the sleep environment
 - ☐ Begin loosening sleep associations as much as possible
 - ☐ Other...
-

Preparing for sleep training



★ Preparing yourself

- ☐ Journal about your feelings (see also your thoughts on crying in Module 5 exercises)
- ☐ Ask for help
- ☐ Breathing / centering exercises (as below)

BREATHING/CENTERING EXERCISES

It's best if you do these exercises regularly, perhaps daily for 5-7 days before you start sleep training. You can do it standing up, sitting upright in a chair, lying on a bed or on a yoga mat. You can also do this while you're settling your child during sleep training (either in the room between and even during interventions, or when you are outside the room waiting to go in again.)

Make yourself as comfortable as you can. Loosen any clothes that restrict your breathing. If you're lying down, place your arms a little bit away from your sides, with the palms up. Let your legs be straight, or bend your knees so your feet are flat on the floor.

If you're sitting, place your arms on the chair arms. If you're sitting or standing, place both feet flat on the ground. Whatever position you're in, place your feet roughly hip-width apart.

Breathing exercise

Let your breath flow as deep down into your belly as is comfortable, without forcing it. Try breathing in through your nose and out through your mouth.

Breathe in gently and regularly. Some people find it helpful to count steadily from 1 to 5. You may not be able to reach 5 at first.

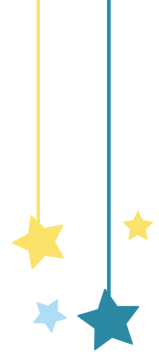
Then, without pausing or holding your breath, let it flow out gently, counting from 1 to 5 again, if you find this helpful.

Notice how your belly moves out as you inhale and back in as you exhale. You may even place your hand on your belly if you have trouble taking deep breaths.

You can choose a word to focus on and vocalize during your exhale, such as "safe" or "calm".

Keep doing this for 3 to 5 minutes.

Preparing for sleep training



Centering exercise

Place your palms together in front of your chest (like a prayer or meditation) to help center yourself.

Breathe slowly in for 4-8 seconds, then slowly out for 4-8 seconds.

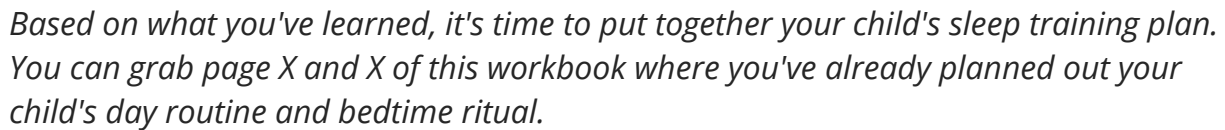
Feel the soles of your feet and your toes. You can wiggle your toes to help bring your focus to your feet. Try to sense how your feet connect with the ground.

Repeat the slow breaths for a few minutes.

You can also mentally scan your body and try to release tension (relax that part of your body) where you find it.

★ **Preparing siblings**

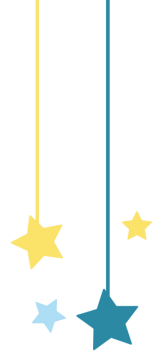
- ☐ Have a family meeting
- ☐ Set clear expectations with other children
- ☐ Other...



★ Bedtime training

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The sleep training plan



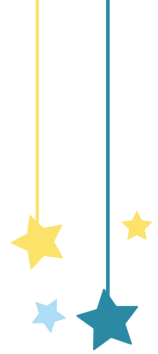
★ Night time training (including feedings)

Think through how you'll respond to different night wakings, including how and when you'll approach weaning any night feeds.

★ Nap training

Think through which naps will be in bed and your plan for attending to short naps (when to start extending and how you plan to do that).

The sleep training plan



★ Early morning wakings

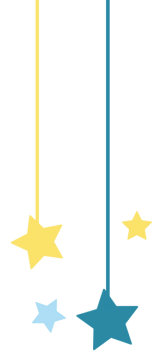
Think through how you plan to attend to possible (or ongoing) early morning wakings

★ Other considerations

Think through any other factors (other sleep issues, developmental leaps, sleep regressions, etc) that you feel may be influencing your child's sleep, and how you'll respond.

MODULE 8: Sleep training process

The sleep training plan



If you find it more helpful, you can also write out your plan day by day (for example: day 1-3, day 4-7, etc)

This image shows a full page of white paper with horizontal dashed lines, typical of primary school writing paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.