

The Sleep Rebuild Plan

A week-by-week — not overnight — approach to the four most common bedtime stall points, built on the wind-down sequence you may have already started in the free 7-Day Reset.

Document 5 of 7

Used on Days 6, 16, 17, 18, 21, 28

Poor sleep can noticeably worsen next-day hyperactivity, irritability, attention and meltdowns. Multi-component behavioral sleep programs — combining a consistent routine, environment changes, and parent coaching — are well documented for autistic children specifically^[18]. This plan spreads that same approach across four weeks so no single week feels overwhelming.



THE WIND-DOWN SEQUENCE (START THIS ON DAY 6)

Dinner → active play → bath → pajamas → dim lights → story or song → bed, at roughly the same time every night — including weekends. Repetition matters more than any single step.

Start the sequence



DAY 6

Begin wherever bedtime currently is

Don't wait for an "ideal" bedtime to begin — start the same sequence tonight, even if that means starting at 9:45pm instead of some imagined 7:30pm. Hold the sequence for the rest of the month; the exact clock time can shift gradually once the sequence itself is solid.

Why this order: a routine practiced consistently at a "late" time is far more valuable than a routine abandoned after one hard night at an "ideal" time.

Fix the stall points, one at a time



DAYS 16-17

Stall point 1: screens

Turn off stimulating screens 45-60 minutes before the routine starts. Evening screen use is linked to later bedtimes and shorter total sleep ^[12].



DAY 18

Stall point 2: room environment

Dim the lights an hour ahead, keep the room cool and as quiet as your household allows, and keep the same sleep space night to night where possible.



DAY 21

Stall point 3: add the visual bedtime card

Pair the routine with the printable bedtime card from Document 6 so the sequence is visible, not just spoken.

Reduce the prompting



DAY 28

Stall point 4: how much are you still repeating yourself?

By now the sequence should need fewer verbal reminders than it did on Day 6. If it still requires the same level of prompting, that's useful information for Document 7's month-end review – not a sign of failure.

Notice the pattern across all four weeks: one change, held for several days, before adding the next. That's deliberate. Sleep rarely changes from a single dramatic fix – it changes from several small, boring, repeated adjustments, each given enough time to actually take hold.

● WHAT THE EVIDENCE SAYS

Melatonin, in plain terms

Among complementary approaches marketed for autism, melatonin has comparatively strong evidence specifically for sleep-onset difficulty. A 2022 systematic review and meta-analysis found meaningful improvements in sleep onset, night wakings and total sleep time compared with placebo^[5], and a 2023 meta-analysis of pediatric autism studies reached similar conclusions^[6].



WHAT THIS ACTUALLY MEANS FOR YOU

Melatonin is not an autism treatment, and it isn't something to start based on a social media recommendation. Pediatric dosing and product choice should be a conversation with your child's clinician – bring this page to that conversation if it comes up.



WHEN TO LOOP IN YOUR PEDIATRICIAN INSTEAD OF TROUBLESHOOTING FURTHER

Loud snoring, gasping, long pauses in breathing, very restless sleep, or ongoing daytime sleepiness can point to treatable issues like sleep apnea or low iron. These are worth a direct conversation, not another week of routine adjustments.

Sources for this guide: [5] Melatonin systematic review, *Sleep Medicine Reviews* (2022) · [6] Melatonin meta-analysis (2023) · [12] Media use at bedtime and sleep (2022) · [18] *Clinical Handbook of Behavioral Sleep Treatment in Children on the Autism Spectrum* (2022). Full list of 19 references in Document 0 — Start Here.

● [PRINT THIS PAGE](#)

Your 4-week sleep log

One row a week. This is meant to be quick, not a nightly chore.

WEEK	TYPICAL BEDTIME	NIGHT WAKINGS	MORNING MOOD	NOTES
1				
2				
3				
4				

This page is designed to print cleanly on its own — keep it on the fridge or by the bed for the month, and bring it to your pediatrician if sleep is still a struggle by Week 4.