

☐ PRESCHOOL DAILY REPORT

NAME: DATE: ARRIVAL:

NOTES:

MEALS

TYPE	FOOD	QUANTITY			NOTES
BREAKFAST		NONE	SOME	LOTS	
AM SNACK		NONE	SOME	LOTS	
LUNCH		NONE	SOME	LOTS	
PM SNACK		NONE	SOME	LOTS	
OTHER		NONE	SOME	LOTS	
DINNER		NONE	SOME	LOTS	

REST

☐ MORNING: ☐ AFTERNOON:

NOTES:

LEARNING ☐ SOCIAL ☐ EMOTIONAL ☐ COGNITION ☐ PHYSICAL

COMMENTS:

☐ INFANT/TODDLER DAILY REPORT

NAME: DATE: ARRIVAL:

PARENT'S CORNER

I LAST FED AT:

LAST NIGHT I SLEPT:

- ☐ GREAT
☐ OKAY
☐ NOT WELL

Instructions or General Notes For The Teacher:

TODAY, I WAS: ☐ HAPPY ☐ PLAYFUL ☐ CUDDLY ☐ FUSSY ☐ BUSY ☐ TIRED

DIAPER

TIME	DIAPER TYPE
	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> BOWEL MOVEMENT <input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> BOWEL MOVEMENT <input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> BOWEL MOVEMENT <input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> BOWEL MOVEMENT <input type="checkbox"/> POTTY
	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> BOWEL MOVEMENT <input type="checkbox"/> POTTY

SLEEP

START	END

MILK

TIME	OUNCES	MILK TYPE
		<input type="checkbox"/> BREAST <input type="checkbox"/> FORMULA <input type="checkbox"/> WHOLE
		<input type="checkbox"/> BREAST <input type="checkbox"/> FORMULA <input type="checkbox"/> WHOLE
		<input type="checkbox"/> BREAST <input type="checkbox"/> FORMULA <input type="checkbox"/> WHOLE
		<input type="checkbox"/> BREAST <input type="checkbox"/> FORMULA <input type="checkbox"/> WHOLE
		<input type="checkbox"/> BREAST <input type="checkbox"/> FORMULA <input type="checkbox"/> WHOLE

NOTES:

MEALS

TIME	MEAL	AMOUNT

ITEMS I NEED: ☐ DIAPERS ☐ WIPES ☐ CREAM ☐ CLOTHES ☐ BLANKET ☐ OTHER

name: _____

date: _____



I drank

when: _____ how much: _____

when: _____ how much: _____

when: _____ how much: _____

when: _____ how much: _____

I was



happy

sweet

sad

sensitive

quiet

silly

I slept



when: _____ how long: _____

when: _____ how long: _____

when: _____ how long: _____

I ate

what: _____ when: _____ yummy so*so yucky

what: _____ when: _____ yummy so*so yucky

what: _____ when: _____ yummy so*so yucky

I had fun



I went



wet poo when: _____

wet poo when: _____

wet poo when: _____

wet poo when: _____

wet poo when: _____

I need

diapers wipes

INFANTS

Name: _____ Date: _____

I DRANK

When: _____ How Much: _____

When: _____ How Much: _____

When: _____ How Much: _____

When: _____ How Much: _____

I WAS

HAPPY

SWEET

SAD

SENSITIVE

QUIET

SILLY

I ATE

What: _____

When: _____

What: _____

When: _____

What: _____

When: _____

What: _____

When: _____

I SLEPT

When: _____ How Long: _____

When: _____ How Long: _____

When: _____ How Long: _____

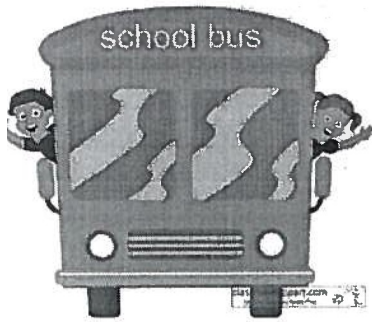
When: _____ How Long: _____

I HAD FUN

I NEED

DIAPERS

WIPES



PARSONS LITTLE SCHOLARS

EHS 1 *Mo. Sealee*

CHILD'S NAME: _____

DATE: _____

NAP TIME: ☐ Happy Nap
☐ Rested Quietly
☐ Was Restless



I NEED WORK ON: ☐ SHARING
☐ FOLLOWING DIRECTIONS
☐ KEEPING MY HANDS TO MYSELF

DIAPER CHANGE: ☐ WET ☐ B/M ☐ DRY

BREAKFAST: _____

I ate: (ALL) (SOME) (NONE)

LUNCH: _____

I ate: (ALL) (SOME) (NONE)

SNACK: _____

I ate: (ALL) (SOME) (NONE)

My Teachers Comments About My Day:
