

# 1 2 3 kinderstar

## Parent/Staff Communication Sheet

Child's Name:

Class: Toddler

Date:

Message From The Parents	Messages From The School
<input type="checkbox"/> Has diaper rash <input type="checkbox"/> Has cold symptoms <input type="checkbox"/> On medication <input type="checkbox"/> Teething <input type="checkbox"/> Didn't sleep well last night <input type="checkbox"/> Didn't eat well before _____ will pick up today _____ Alternate phone# for today  Other important message: _____ <hr/> <p><b><u>What we did today</u></b></p> Manipulative/ Building _____ Music & Movement _____ Arts & Crafts _____ Large Muscle Activity _____ Language Activity _____ Sensory/ Drama Activity _____  <p><b><u>How did I do?</u></b></p> _____ _____	Breakfast: _____ <input type="checkbox"/> Ate well <input type="checkbox"/> Didn't eat well Lunch: _____ <input type="checkbox"/> Ate well <input type="checkbox"/> Didn't eat well Snack: _____ <input type="checkbox"/> Ate well <input type="checkbox"/> Didn't eat well Slept at _____ for _____ hours _____ Used potty: <input type="checkbox"/> With help <input type="checkbox"/> Without help  Diapering: _____ <input type="checkbox"/> BM (Normal/ Firm/ Loose) <input type="checkbox"/> Wet <input type="checkbox"/> Dry _____ <input type="checkbox"/> BM (Normal/ Firm/ Loose) <input type="checkbox"/> Wet <input type="checkbox"/> Dry _____ <input type="checkbox"/> BM (Normal/ Firm/ Loose) <input type="checkbox"/> Wet <input type="checkbox"/> Dry _____ <input type="checkbox"/> BM (Normal/ Firm/ Loose) <input type="checkbox"/> Wet <input type="checkbox"/> Dry _____ <input type="checkbox"/> BM (Normal/ Firm/ Loose) <input type="checkbox"/> Wet <input type="checkbox"/> Dry  Disposition: <input type="checkbox"/> Fine <input type="checkbox"/> Content <input type="checkbox"/> Playful <input type="checkbox"/> Happy <input type="checkbox"/> Sleepy <input type="checkbox"/> Teething <input type="checkbox"/> Very quiet <input type="checkbox"/> Very Active <input type="checkbox"/> A little fussy  Need to bring: _____ Diaper      _____ Wet wipe _____ Blanket      _____ Diaper cream _____ Extra shirt      _____ Extra pants/underwear  Comments: _____