





Date: _____


Woke up: _____ Last ate: _____ Last changed: _____
 Parent Comments: _____



This week's theme is: _____
 A skill or concept I worked on today was: _____
 An activity I enjoyed today was... _____

Diapering	Time	Result	Comment
		<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Soiled	
		<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Soiled	
		<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Soiled	
		<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Soiled	
		<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Soiled	
		<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Soiled	

Feeding	Time	Amount	Comment
			

Naptime	Time Asleep	Time Awake	30 Minute Interval Checks			
						

Activities that occur on a regular basis: Singing songs, Playing and listening to music, Reading books, Counting, Tracing letters and shapes with our fingers, Labeling colors, shapes, and objects throughout the classroom, Tummy/back (floor) time

Special Note(s)...