



PRESCHOOL DAILY REPORT

NAME: _____ DATE: _____ ARRIVAL: _____

NOTES: _____

MEALS

TYPE	FOOD	QUANTITY	NOTES
BREAKFAST		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS	
AM SNACK		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS	
LUNCH		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS	
PM SNACK		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS	
OTHER		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS	
DINNER		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS	

REST

MORNING: _____ AFTERNOON: _____

NOTES:

LEARNING SOCIAL EMOTIONAL COMMUNICATION COGNITION PHYSICAL

COMMENTS