

Child's Name _____

Date _____

HOW DO FEEL TODAY?

- π HAPPY, ENERGTIC
- π ACTIVE, BUT QUIET
- π UNUSUALLY QUIET AND IN ACTIVE



HOW WAS MY BEHAVIOR?

- π ABSOLUTELY EXCELLENT
- π VERY COOPERATIVE
- π NOT QUITE MYSELF

My FAVORITE ACTIVITY TODAY WAS:

- π ART
- π SONGS
- π OUTDOOR PLAY
- π STORY-TIME



INFANT ACTIVITIES

- π I CRAWLED
- π I ROLLED OVER
- π I PULLED UP
- π I STOOD UP MYSELF
- π I USED _____ DIAPERS _____ WITH _____ BOWEL MOVEMENTS
- π I JUMPED
- π I WALKED
- π I SAT UP
- π I LAUGHED

HOW MUCH LUNCH DID I EAT?

- π ALL MY PLATEFUL
- π ALMOST
- π ABOUT HALF
- π VERY LITTLE
- π I HAD ___ TSP. OF _____.
- π I HAD ___ BOTTLES.
- π I HAD _____ OF SPIT UPS.



HOW DID I REST?

- π SLEPT WELL
- π DOZED ON AND OFF
- π RESTED, NO SLEEPING
- π RESTLESS

DID I HAVE ANY ACCIDENTS?

- π NO!
- π ONLY STUMBLES AND BUMPS, NOTHING SERIOUS
- π OOPS! PLEASE SIGN THE INCIDENT REPORT



TOILET PROGRESS

- π OPPS, A TOILET ACCIDENT, PLEASE SEND NEW CLOTHING AND TAKE TODAY'S.
- π I HAD A FEW GOOD MOMENTS WITH THE TOILET TRAINING.
- π I WAS GREAT. I HAD _____BOWEL MOVEMENTS.

SPECIAL MESSAGE:
