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| --- | --- | --- |
|  | Date: |  |
| **MY DAY AT PRESCHOOL** |
| Child’s Name: |  |
| **My mood today :** |
|  | [ ]  | Happy | [ ]  | Energetic | [ ]  | Sad | [ ]  | Tired |
| **Centers I chose to play in today:** |
|  | [ ]  | Dramatic play | [ ]  | Blocks  | [ ]  | Music  | [ ]  | Library  |
|  | [ ]  | Sensory | [ ]  | Art | [ ]  | Writing | [ ]  | Language |
|  | [ ]  | Math | [ ]  | Science | [ ]  | Manipulatives/puzzles |
|  | [ ]  | Other |  |
| **Lunch:** |
|  | [ ]  | I ate all my lunch | [ ]  | I ate some lunch | [ ]  | I was not hungry; did not eat |
| **Nap:** |
|  | [ ]  | I slept | [ ]  | I rested quietly | [ ]  | I had a difficult time resting quietly |
| **Potty/diaper changes:** |
|  | **Time** | **Wet** | **BM** | **Dry** | **Tried Potty** |  |
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| **Your child needs:** |
|  | [ ]  | Diapers | [ ]  | Extra clothes |
| **Special notes from my teacher:** |
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