|  |  |  |
| --- | --- | --- |
|  | 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 and puzzles |
|  | [ ]  | Other |  |
| **Lunch:** |
|  | [ ]  | I ate all my lunch | [ ]  | I ate some lunch | [ ]  | I was not hungry so I did not eat lunch |
| **Nap:** |
|  | [ ]  | I slept | [ ]  | I rested quietly | [ ]  | I had a difficult time resting quietly |
| **Your child needs:** |
|  | [ ]  | Extra clothes | [ ]  | Other |
| **Special notes from my teacher:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |