

BABYSITTER REPORT



Date: _____

Child's Name: _____

Babysitter's Name: _____



Mood:

Cheerful Content Fussy Sleepy

Other _____



Meals: I ate

- Most
- Nothing
- Some

Snacks: I ate

- Most
- Nothing
- Some

Meals: I ate

- Most
- Nothing
- Some

Notes



Naptime/Bedtime:

I slept from _____ to _____

I rested I wasn't rested



Diapering or Potty:



How We Spent Our Time/Favorite Activity:



Special Notes:

