

# 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: