



A Day in the Life Of . . .



Child's name: _____

Date: _____

Today I had fun when . . .

Today I was: Happy Sad Tearful Sick Tired

Today I ate:

| | | | |
|-------------------|-------------------|-------------------|-------------------|
| Breakfast: | <u>Am</u> Snack: | Lunch: | <u>Pm</u> Snack: |
| <u>All</u> | <u>All</u> | <u>All</u> | <u>All</u> |
| <u>Most</u> | <u>Most</u> | <u>Most</u> | <u>Most</u> |
| <u>Not hungry</u> | <u>Not hungry</u> | <u>Not hungry</u> | <u>Not hungry</u> |
| I ate: _____ | I ate: _____ | I ate: _____ | I ate: _____ |

Diaper/Toilet

Times:

| | |
|-------------|----|
| _____ am/pm | BM |
| _____ am/pm | BM |
| _____ am/pm | BM |
| _____ am/pm | BM |
| _____ am/pm | BM |
| _____ am/pm | BM |
| _____ am/pm | BM |
| _____ am/pm | BM |
| _____ am/pm | BM |
| _____ am/pm | BM |



My Nap Times:

__ : __ Until __ : __
__ : __ Until __ : __

Notes about nap time:

Notes and Reminders: _____

