

Child's Name: _____ Date: _____

My Day in Tot 1



How did I eat today?

- Breakfast: Ate well Ate some Did not eat
- Lunch: Ate well Ate some Did not eat
- P.M. Snack: Ate well Ate some Did not eat
- Rest Time: I slept from _____ to _____
I was quiet / restless

Diaper Changes:

- Time: _____ Dry Wet BM: Firm Loose Diarrhea
- Time: _____ Dry Wet BM: Firm Loose Diarrhea
- Time: _____ Dry Wet BM: Firm Loose Diarrhea
- Time: _____ Dry Wet BM: Firm Loose Diarrhea

How I seemed to Feel - Morning:

- Attentive Quiet Happy Aggressive
 Sensitive Tired Didn't Feel Well

How I seemed to Feel - Afternoon:

- Attentive Quiet Happy Aggressive
 Sensitive Tired Didn't Feel Well

Morning Activities:

- Socialization Circle Time Free Play Learning
About the World Fine Motor Dramatic Play
 Art/Senses Music Gross Motor

Afternoon Activities:

- Socialization Circle Time Free Play Learning
About the World Fine Motor Dramatic Play
 Art/Senses Music Gross Motor

Special Activity:

Supplies needed: Diapers Wipes Clothes Other:

Comments:

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