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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | 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/puzzles | | | | |
|  |  | Other | | |  | | | | | | | | | | |
| **Lunch:** | | | | | | | | | | | | | | | |
|  |  | I ate all my lunch | | | |  | I ate some lunch | |  | | I was not hungry;  did not eat | | | | |
| **Nap:** | | | | | | | | | | | | | | | |
|  |  | I slept | | | |  | I rested quietly | |  | | I had a difficult time resting quietly | | | | |
| **Potty/diaper changes:** | | | | | | | | | | | | | | | |
|  | **Time** | | **Wet** | | | | | **BM** | | **Dry** | | | **Tried Potty** | |  |
|  |  | |  | | | | |  | |  | | |  | |  |
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| **Your child needs:** | | | | | | | | | | | | | | | |
|  |  | Diapers | | | |  | Extra clothes | | | | | | | | |
| **Special notes from my teacher:** | | | | | | | | | | | | | | | |
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