

Daily Report

Child's Name: _____ 1 year olds Arrival Time: _____ Date: _____

The following information is to let you know how your child's day was in a nutshell at Bright Beginnings Childcare. If you would like more detailed information on your child, please inform the teachers and they will be happy to do so.

1. During Group/Circle Time We Worked On:

Shapes... _____ Numbers... _____
 Colors... _____ Letters... _____

Books or Flannel Stories read... _____
 Songs or Finger Plays sung... _____



2. Today I am so proud of myself because I:

Shared with my friends Helped Clean Up Used Quiet Voices
 Had my Listening Ears on Used Walking Feet Used Gentle Touches

3. Your Child's mood through out the day:

- a. Early a.m. Happy Excited Friendly Smiley Curious Shy Quiet Sleepy Sad Frustrated Angry
- b. Mid day. Happy Excited Friendly Smiley Curious Shy Quiet Sleepy Sad Frustrated Angry
- c. Afternoon. Happy Excited Friendly Smiley Curious Shy Quiet Sleepy Sad Frustrated Angry

4. Today during Art I : _____



5. Fine Motor Activity: _____

Gross Motor Skills: _____

Sensory Activity: _____

6. Nap Time: Did Not Sleep Restless Slept From: _____ To: _____

7. Outside Activity Time: _____

8. Appetite:

Breakfast... Did not eat Nibbler Good Eater Seconds Please! _____
 Lunch... Did not eat Nibbler Good Eater Seconds Please! _____
 Snack... Did not eat Nibbler Good Eater Seconds Please! _____

W= wet D= dry B= B.M.

Diapering

AM	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30
PM	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	

Additional Comments:

HAVE A GREAT DAY !