Daily Report

Child's Name: _____ **2 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	Friendly	Smiley	Curious	Shy	Quiet	Sleepy	Sad	Frustrated	Angry
b. Mid day.	Happy	Friendly	Smiley	Curious	Shy	Quiet	Sleepy	Sad	Frustrated	Angry
c. Afternoon.	Happy	Friendly	Smiley	Curious	Shy	Quiet	Sleepy	Sad	Frustrated	Angry

4. **Today during Art I :**_____.

5. **Fine Motor Activity**: _____.

   Gross Motor Skills: _____.

   Sensory Activity: _____.

I DID IT ALL BY MYSELF ! Put my Shoes on Zipped Buttoned Snapped

Dressed Used the Toilet Washed my Hands Washed my Face

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 / Potty Training** *T= tried P= potty B= B.M.*

AM	7:30	toilet	8:30	toilet	9:30	toilet	10:30	toilet	11:30	toilet	12:30	toilet
PM	1:30	toilet	2:30	toilet	3:30	toilet	4:30	toilet	5:30	toilet	5:45	toilet

Additional Comments:

_____

_____

_____

HAVE A GREAT DAY !