

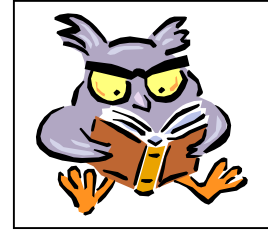
Child's Name: _____ Arrival Time: _____ Date: _____

The following information is to let you know how your child's day was at Bright Beginnings Childcare
if you would like more detailed information on your child, please inform the teachers..

During Group/Circle Time: Attentive, Cooperative, Participated, Disruptive, Quiet

A. We worked on:

1. Shapes... _____
2. Colors... _____
3. Numbers... _____
4. Letters... _____
5. Counting, Sorting, Concepts (big and small) (near and far) (same and different)
6. Recognition of: _____
7. Books or Flannel Stories read... _____
8. Songs or Finger Plays sung... _____



Today I am so proud of myself because I:

Shared with my friends Followed Directions Used Quiet Voices
Had my Listening Ears on Used Walking Feet Used Gentle Touches

Your Child's mood through out the day:

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

Today during Art I worked with: _____

I DID IT ALL BY MYSELF ! Tied my Shoes Dressed
Picked up Toys Used the Toilet Folded my Blanket
Printed my Name Printed Letters Printed Numbers



Nap Time: Did not Sleep Restless Slept To: _____ From: _____

Outside Activity: _____

I played in the... art- block- computer- dramatic- reading- sensory- manipulative- music **areas.**

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!	_____

Additional Comments:

HAVE A GREAT DAY !