Today at School

Name: _____ Date: _____

Overall Behavior:

Therapy

occupational	physical	none
		
speech	**vision**	**hearing**
		

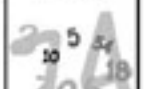
Breakfast

whole	half	little	none
			

_____

_____

Work Time / Centers/ Free Play:

arts / crafts	discovery	listening center	toys
			
outside	**blocks**	**books**	**computer**
			
Pre-writing	**Math**	**sensory table**	**kitchen**
			

Snack: _____

_____

Lunch

whole	half	little	none
			

_____

_____

Today's Mood

Happy	Sad
	
Tired	**Mad**
	

Nap Time

Media Center

Special Area		
P.E.	Art	Music
		

Slept Rested Restless

Notes:

_____

_____

_____

_____

_____

_____

_____

Items Needed:

_____

_____

_____

_____

_____

_____

Important: _____

_____

Home Happenings …

Date: _____

Parents: Please circle appropriate symbols, check appropriate boxes and write in any comments to let me know how things are going for your child at home.

Thank Mrs. Wilkerson! Have a wonderful evening or weekend.

Here's what I did yesterday (or over the weekend)

Watched T.V.

Listen to music

Played outside

Played with toys.
What toys? _____
_____

Went somewhere. Where?
_____
_____

My Mood

Happy

Sad

Tired

Mad

I ate a good dinner last night. ☐ Yes ☐ No

Comments: _____
_____

My behavior at home has been ☐ Good ☐ Not good

Comments: _____
_____

I had a good nights sleep. ☐ Yes ☐ No

Comments: _____
_____

Additional comments: _____
_____
_____