



All About My Day!

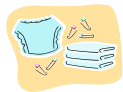


Name: _____ Date: _____

Time:	How Did I Eat Today?				
	I ate:	All	Most	Some	None
BREAKFAST:	_____				
A.M. SNACK:	_____				
LUNCH:	_____				
P.M. SNACK:	_____				

Look at all I did today!

This is the name of the book that we read today!



7:00	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00
D/W	D/W	D/W	D/W	D/W	D/W	D/W	D/W	D/W	D/W	D/W
P	P	P	P	P	P	P	P	P	P	P
BM	BM	BM	BM	BM	BM	BM	BM	BM	BM	BM



During nap time I:

___ slept: _____ till _____

___ was quiet but didn't sleep

___ bothered the other children

Please bring more:

___ diapers ___ formula/milk

___ ointment ___ bottles/cups

___ clean clothes _____



I went to time out for: _____



Special Notes for Mommy & Daddy! _____
