



# PRESCHOOL DAILY REPORT

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## MEALS

TYPE	FOOD	QUANTITY
AM SNACK		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS
LUNCH		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS
PM SNACK		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS
OTHER		<input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> LOTS

## REST

START	END
NOTES:	

**LEARNING** ☐ SOCIAL ☐ EMOTIONAL ☐ COMMUNICATION ☐ COGNITION ☐ PHYSICAL

## COMMENTS

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