

AMS Infant Parent-Teacher Communication Sheet

Parent Section

Child's Name: _____ Date: _____

Time your child awoke today: _____ Time of last diaper change: _____ (W/BM/D)

How did your child sleep last night (circle)? Slept all night Woke 1-2 times Woke several times

Time your child last ate: _____ What did they have? _____

Mood upon arrival (circle)? Content Energetic Apprehensive Tired Other: _____

Pick up time and by whom

Is there any other information you would us to know about your child for today (change in food, new marks/bruises, new events, new skills, etc)?

Teacher Section

Diaper Duties

8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00

W=Wet

BM=Bowel Movement

D=Dry

Highlighted=Cream applied

Bottles

_____ oz at _____ oz at _____

_____ oz at _____ oz at _____

_____ oz at _____ oz at _____

Snacks and Lunch (time and amount)

Naps

Started at _____ Ended at _____

Started at _____ Ended at _____

Needed Items (circled)

Diapers

Wipes

Shirt/Pants

Formula

Bedding

Other _____

Notes from Ms Heather _____
