

AMS Preschool: Parent-Teacher Communication

Parent Section

Child's Name: _____ Date: _____

What time did your child wake up? _____ Did your child eat breakfast today? Yes No

Child slept (circle one): All night Most of the night Little/no sleep

Any new marks/bruises or new symptoms?(runny nose, cough, congestion, rashes, etc)

Pick-up time today: _____

Notes to Teachers:

Teacher Section

| | |
|------------------|--|
| Gross Motor Time | <input type="radio"/> Inside: _____ <input type="radio"/> Outside: _____ |
| Lunch Time | <input type="radio"/> Ate some <input type="radio"/> Ate all |
| Quiet Time | <input type="radio"/> Slept from _____ to _____ <input type="radio"/> Stayed awake and worked quietly |

| Montessori Work Choices |
|--------------------------------------|
| <input type="radio"/> Practical Life |
| <input type="radio"/> Sensorial |
| <input type="radio"/> Language |
| <input type="radio"/> Math |
| <input type="radio"/> Culture |
| <input type="radio"/> Science |

Notes from Teachers:
