

AMS Toddler: Parent-Teacher Communication

Parent Section

Child's Name: _____ Date: _____

What time did your child wake up today? _____ Did your child eat breakfast today? (circle one) Yes No

Temperament upon arrival? _____

Child slept (circle one): All night Woke 1-2 times Woke several times

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

Pick-up time today: _____

Notes to Teachers:

Teacher Section

Diaper Changes/Toileting

Time:								

D= Dry W= Wet BM= Bowel Movement T= Tried Toilet T*= Used Toilet Highlighter=Diaper Cream Applied

AM Snack	<input type="checkbox"/> Chose not to eat <input type="checkbox"/> Ate some <input type="checkbox"/> Ate all
Lunch	<input type="checkbox"/> Ate some <input type="checkbox"/> Ate all
PM Snack	<input type="checkbox"/> Chose not to eat <input type="checkbox"/> Ate some <input type="checkbox"/> Ate all

Mood for School: Happy Sad Tired Unwell Fussy
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Your Child Needs: Diapers Wipes Spare Clothing Other: _____
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Nap: Slept from _____ - _____ <input type="checkbox"/> Did not nap
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Notes from Teachers: _____ _____ _____ _____
