

# Teacher to Family Daily Communication

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>We Need You to Bring from Home</b></p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Wipes</p> <p><input type="checkbox"/> Diapers</p> <p><input type="checkbox"/> Pull-Ups</p> <p><input type="checkbox"/> Change of Clothes</p> <p><input type="checkbox"/> Permission Slip</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Reminders/Questions:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No School Tomorrow-Holiday</p> <p><input type="checkbox"/> No School Tomorrow-Teacher Workday</p> <p><input type="checkbox"/> Special Event: _____</p> <p><input type="checkbox"/> Remember to Wear: _____</p>
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## Bathroom Routine

<p><b>Bathroom</b></p> <p>Time: _____ <input type="checkbox"/> Used the Restroom <input type="checkbox"/> Did not Us the Restroom</p> <p>Time: _____ <input type="checkbox"/> Used the Restroom <input type="checkbox"/> Did not Us the Restroom</p> <p>Time: _____ <input type="checkbox"/> Used the Restroom <input type="checkbox"/> Did not Us the Restroom</p> <p>Time: _____ <input type="checkbox"/> Used the Restroom <input type="checkbox"/> Did not Us the Restroom</p>	<p><b>Diapers/Pull-Ups</b></p> <p>Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> B.M.</p> <p>Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> B.M.</p> <p>Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> B.M.</p> <p>Time: _____ <input type="checkbox"/> Wet <input type="checkbox"/> B.M.</p>
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<p><b>My Favorite Center:</b></p>	<p><b>My Favorite Outside Activity:</b></p> <p><input type="checkbox"/> Didn't Go Outside Due to Weather</p>	<p><b>At Nap/Rest Time</b></p> <p><input type="checkbox"/> I slept</p> <p><input type="checkbox"/> I laid quietly on my cot</p> <p><input type="checkbox"/> I participated in a quiet activity</p>
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## My Appetite for Meals Was...

<p><b>Breakfast</b></p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Drank my Milk/Juice</p> <p><input type="checkbox"/> Tried Everything Offered</p> <p><input type="checkbox"/> Tried Some, but Didn't Finish Everything</p> <p><input type="checkbox"/> Didn't Eat</p> <p><input type="checkbox"/> Had 2nds</p>	<p><b>Lunch</b></p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Drank my Milk/Juice</p> <p><input type="checkbox"/> Tried Everything Offered</p> <p><input type="checkbox"/> Tried Some, but Didn't Finish Everything</p> <p><input type="checkbox"/> Didn't Eat</p> <p><input type="checkbox"/> Had 2nds</p>	<p><b>Snack (if applicable)</b></p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Drank my Milk/Juice</p> <p><input type="checkbox"/> Tried Everything Offered</p> <p><input type="checkbox"/> Tried Some, but Didn't Finish Everything</p> <p><input type="checkbox"/> Didn't Eat</p> <p><input type="checkbox"/> Had 2nds</p>
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Staff Name(s) Completed Form: \_\_\_\_\_