

# AMS Toddler: Summer 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

<b>Time:</b>								

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

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

**Gross Motor Time**

Inside: \_\_\_\_\_

Outside: \_\_\_\_\_

**Themed Activity for the Day:**

**Notes from Teachers:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your child needs: Diaper Wipes Extra Clothing

**Nap:** Slept from \_\_\_\_\_ - \_\_\_\_\_

Did not nap