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	o Inside: _____ o Outside: _____
Lunch Time	o Ate some o Ate all
Quiet Time	o Slept from _____ to _____ o Stayed awake and worked quietly

Montessori Work Choices
o Practical Life
o Sensorial
o Language
o Math
o Culture
o Science

Notes from Teachers:

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