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	• Chose not to eat • Ate some • Ate all
Lunch	• Ate some • Ate all
PM Snack	• Chose not to eat • Ate some • Ate all

Nap: Slept from _____ -_____

○ Did not nap

Gross Motor Time

Inside: _____

Outdoors: _____

Mood for School:

Happy Sad Tired

Unwell Fussy

Your Child Needs:

Diapers Wipes Spare Clothing

Other:_____

Notes from Teachers

_____

_____

_____

_____

_____