

## Weekly Report



Child's Name: \_\_\_\_\_ Week of: \_\_\_\_\_

|                              | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------------------------|--------|---------|-----------|----------|--------|
| <b>Meals</b>                 |        |         |           |          |        |
| Breakfast                    |        |         |           |          |        |
| Lunch                        |        |         |           |          |        |
| Snack                        |        |         |           |          |        |
| <b>Nap time</b>              |        |         |           |          |        |
| From                         |        |         |           |          |        |
| To                           |        |         |           |          |        |
| <b>Medicine Given</b>        |        |         |           |          |        |
| <b>Activities I enjoyed:</b> |        |         |           |          |        |
| Large Motor                  |        |         |           |          |        |
| Fine Motor                   |        |         |           |          |        |
| Stories                      |        |         |           |          |        |
| Art                          |        |         |           |          |        |
| Sensory                      |        |         |           |          |        |
| Other                        |        |         |           |          |        |

\*For meals you can write in three choices: ate a little, ate a lot, or didn't eat