





INFANT DAILY NEWS



Child's Name: _____

Teachers: _____ Date: _____

<p>I was feeling . . .</p> <p><input type="checkbox"/> happy <input type="checkbox"/> sleepy <input type="checkbox"/> helpful</p> <p><input type="checkbox"/> quiet <input type="checkbox"/> clingy <input type="checkbox"/> busy</p> <p><input type="checkbox"/> talkative <input type="checkbox"/> friendly</p>	<p>I enjoyed . . .</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Health Check</p> <div style="text-align: right;">  </div>
<p>Meal time</p> <div style="text-align: center;">  </div> <p>Time: _____ <input type="checkbox"/> Bottle <input type="checkbox"/> Solids <input type="checkbox"/> Finger foods</p> <p>Time: _____ <input type="checkbox"/> Bottle <input type="checkbox"/> Solids <input type="checkbox"/> Finger foods</p> <p>Time: _____ <input type="checkbox"/> Bottle <input type="checkbox"/> Solids <input type="checkbox"/> Finger foods</p> <p>Time: _____ <input type="checkbox"/> Bottle <input type="checkbox"/> Solids <input type="checkbox"/> Finger foods</p> <p>Time: _____ <input type="checkbox"/> Bottle <input type="checkbox"/> Solids <input type="checkbox"/> Finger foods</p> <p>Time: _____ <input type="checkbox"/> Bottle <input type="checkbox"/> Solids <input type="checkbox"/> Finger foods</p>	<p>Diaper changes/Toileting</p> <p>Time: _____ <input type="checkbox"/> BM <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Potty</p> <p>Time: _____ <input type="checkbox"/> BM <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Potty</p> <p>Time: _____ <input type="checkbox"/> BM <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Potty</p> <p>Time: _____ <input type="checkbox"/> BM <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Potty</p> <p>Time: _____ <input type="checkbox"/> BM <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Potty</p> <p>Time: _____ <input type="checkbox"/> BM <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Potty</p>	
<p>I took a nap from . . .</p> <p>_____ - _____</p> <div style="text-align: right;">  </div>	<p>Other notes:</p> <div style="text-align: right;">  </div>	

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