



CHILD DEVELOPMENT SERVICES

FORT SILL, OKLAHOMA

DAILY REPORT (PRESCHOOL)

NAME: _____ DATE: _____

PARENTS COMMENTS: _____

CAREGIVER COMMENTS: _____

MEALS

B = BREAKFAST

L = LUNCH

S = SNACK

QUIET TIME

1/2

1

ATE WELL: B L S

ATE A LITTLE: B L S

DID NOT EAT: B L S

ART WORK: Y N