



Child's Name (First and Last): _____

Date: _____

I had an Ouch Report

Disposition: Happy Sociable Moody Whiny Used Listening Ears

I need: A toothbrush A pillow and blanket A change of clothes

I had fun?

At Work Time, I:

Naptime I slept from: _____ to _____ I wasn't sleepy

At Lunch I ate: Everything Some I wasn't hungry

I needed _____ timeouts today

Because: _____

BLUE ROOM DAILY NEWS

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