

Name _____

Week of _____

WEEKLY CHILDCARE REPORT

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
PROGRESS					
STRUGGLED WITH					
LUNCH	<input type="checkbox"/> Some	<input type="checkbox"/> Some	<input type="checkbox"/> Some	<input type="checkbox"/> Some	<input type="checkbox"/> Some
	<input type="checkbox"/> Most	<input type="checkbox"/> Most	<input type="checkbox"/> Most	<input type="checkbox"/> Most	<input type="checkbox"/> Most
	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
SNACK	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
	<input type="checkbox"/> Some	<input type="checkbox"/> Some	<input type="checkbox"/> Some	<input type="checkbox"/> Some	<input type="checkbox"/> Some
	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
REST	: Start	: Start	: Start	: Start	: Start
	: End	: End	: End	: End	: End
# OF DIAPER CHANGES	Wet	Wet	Wet	Wet	Wet
	Dry	Dry	Dry	Dry	Dry
# OF TRIPS TO POTTY					
MILESTONES					
LEARNED					
NOTES					