


My Daily Report

My name is _____

Today's date is _____

Today I ate...	All of my lunch!	Some of my lunch!	None of my lunch!	_____ Teacher's Initials
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

At naptime I rested...	For	At snack time I ate...	All of my snack <input type="checkbox"/>	_____ Teacher's Initials
	<input type="text"/>		Some of my snack <input type="checkbox"/>	
	Minutes!		None of my snack <input type="checkbox"/>	

This is what I enjoyed...	
Learning:	Playing:
<input type="text"/>	<input type="text"/>