

Date:

Day: M T W T F

Daily Communication Sheet

Activities

- Circle Time
- PE
- Art
- Music
- OT
- Maths
- Science/Experiments
- Baking/Cooking
- Table Top _____
- Independent Work _____

Skills

- Fine Motor Skills (pencil skills, scissor skills, lego, tweezers, puzzles, opening/closing items, other _____)
- Dressing myself
- Gross Motor Skills (walking, running, jumping, throwing, catching, cycling, other _____)
- Conversation Skills
- Social Skills

Health

- I ate my lunch
- I went to the toilet
- I had my nappy changed
- I had a B.M.

Please send more:

- Nappies
- Wipes
- Underwear
- Change of clothes
- Wellies
- Wet gear
- Other: _____

Overall I had a



day

Teacher Comments:

Teacher Signature: _____ Parent Signature: _____

Parents Comments: (Sleep, Eating, Toilet, Activities done at home/at the weekend, visitors etc.)
