YOUR PROGRAM NAME HERE Daily Progress Report	YOUR PROGRAM NAME HERE Daily Progress Report		
Child's Name: Date:	Child's Name: Date:		
Completed by:	Completed by:		
Some of the things your child participated in today:	Some of the things your child participated in today:		
□ Circle Time	□ Circle Time		
□ Library – independent "reading"	☐ Library – independent "reading"		
□ Art	□ Art		
■ Writing Table	■ Writing Table		
■ Sensory Table	■ Sensory Table		
□ Table Toys, Puzzles	□ Table Toys, Puzzles		
■ Blocks	□ Blocks		
■ Dramatic Play	■ Dramatic Play		
□ Science Area	□ Science Area		
☐ Gross Motor Activity	☐ Gross Motor Activity		
Some observations about your child:	Some observations about your child:		
□ I ate all of my snack	□ I ate all of my snack		
□ I ate most of my snack	☐ I ate most of my snack		
☐ I ate some of my snack	☐ I ate some of my snack		
□ Used the toilet independently	□ Participated during Circle Times		
Seemed to enjoy today.	Seemed to enjoy today.		
Played with:	Played with:		
Additional observation(s):	Additional observation(s):		
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