

**YOUR PROGRAM NAME HERE**  
**Daily Progress Report**

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Some of the things your child participated in today:**

- Circle Time
- Library – independent “reading”
- Art
- Writing Table
- Sensory Table
- Table Toys, Puzzles
- Blocks
- Dramatic Play
- Science Area
- Gross Motor Activity

**Some observations about your child:**

- I ate all of my snack
- I ate most of my snack
- I ate some of my snack
- Used the toilet independently

**Seemed to enjoy** \_\_\_\_\_ **today.**

**Played with:** \_\_\_\_\_

**Additional observation(s):** \_\_\_\_\_

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- Science Area
- Gross Motor Activity

**Some observations about your child:**

- I ate all of my snack
- I ate most of my snack
- I ate some of my snack
- Participated during Circle Times

**Seemed to enjoy** \_\_\_\_\_ **today.**

**Played with:** \_\_\_\_\_

**Additional observation(s):** \_\_\_\_\_

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