

DATE:

Parent's observations and directives for child(ren) and nanny:

Meals

Breakfast:

What did the child(ren) eat? How well did they eat?

Lunch:

What did the child(ren) eat? How well did they eat?

Snacks:

What did the child(ren) eat? How well did they eat?

Comments (e.g. new foods introduced and the outcome)

Nappy Change / Potty Training

Times	Dry	Soiled	Comments
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Sleep Times

Times	Comments
<input type="text"/> to <input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>

Activities undertaken with child(ren)

- | | |
|---|--|
| <input type="checkbox"/> Music | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Art | <input type="checkbox"/> Drama & Dance |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Free play |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Science |
| <input type="checkbox"/> Language Development | <input type="checkbox"/> Stories & Reading |
| <input type="checkbox"/> Outside play | <input type="checkbox"/> Children's outing |

Comments: (observations of child's development, behaviour and temperament)

Problems or Concerns (e.g. slight temperature, rash, teething)

Supplies Needed (e.g. formula, nappies, wipes, bottles, food, milk, medicine)

Car log - Milage / Locations

Nanny's observations overall (e.g. special milestones)

NANNY'S FEEDBACK
