

Babysitter Check-In Form

Date: _____

Child name: _____

Today's Mood

_____ was: happy sad angry excitable tired

Mealtime:

Breakfast: ate most some none

Lunch: ate most some none

Dinner: ate most some none

Kitchen items you may be low on:

_____ _____ _____
_____ _____ _____

Sleep

of naps today

Nap 1: slept well dozed a bit wasn't tired today

Nap 2: slept well dozed a bit wasn't tired today

Potty Time

_____ diapers today

_____ tries on the potty

_____ of accidents

Bathroom items you may be low on:

Diapers

Wipes

Toilet Paper