

# Communication Log

Child's Name \_\_\_\_\_

Week of \_\_\_\_\_

Day	Sign In	Bed Time	Wake up Time	Behavior Change?	Parent Comments	Snacks/Meals	NAP(S)	Activities/Teacher Comments	Sign Out
M						Snack A.M. Y N P.M. Y N Lunch	Y  N		
T						Snack A.M. Y N P.M. Y N Lunch	Y  N		
W						Snack A.M. Y N P.M. Y N Lunch	Y  N		
Th						Snack A.M. Y N P.M. Y N Lunch	Y  N		
F						Snack A.M. Y N P.M. Y N Lunch	Y  N		