

		Monday	Tuesday	Wednesday	Thursday	Friday
Bowel & Urine	Were all bowel movements since the last lesson normal in consistency and schedule?	YES NO	YES NO	YES NO	YES NO	YES NO
	Was urine output more, normal, or less than usual in the hour after the last lesson?	M N L	M N L	M N L	M N L	M N L
	Has urination frequency/amount been normal since the last lesson?	YES NO	YES NO	YES NO	YES NO	YES NO
	<i>Explanation for any changes to bowel & urine:</i>					
Diet	What has your child had to eat or drink in the last two hours? Please note when.					
	Please list any new foods given since the last lesson, as well as any reaction to the new food.					
Sleep	Was your child's sleep/nap schedule typical since the last lesson?	YES NO	YES NO	YES NO	YES NO	YES NO
	Did your child fall asleep within 10 minutes of the last lesson?	YES NO	YES NO	YES NO	YES NO	YES NO
	<i>Explanation for any changes to sleep:</i>					
Activity	Have there been any changes to your child's activity/energy level or normal routine since the last lesson?	YES NO	YES NO	YES NO	YES NO	YES NO
	Has your child been swimming or in the water (other than bathing) since the last lesson?	YES NO	YES NO	YES NO	YES NO	YES NO
Health	Has your child had any illnesses, seizures, fever >100.5, vomiting or skin rashes since the last lesson?	YES NO	YES NO	YES NO	YES NO	YES NO
	Has your child had any injuries or required any medical attention (including MD appts)?	YES NO	YES NO	YES NO	YES NO	YES NO
	Has your child taken any medication since the last lesson?	YES NO	YES NO	YES NO	YES NO	YES NO
	<i>Explanation for YES answers and list ALL medications:</i>					
	Child's temperature within one hour of lesson and/or 24 hour activity notes (if required)					
Do you have any questions or concerns about your child participating in lessons today, or about your child's progression so far? (both initial)		DISCUSSED NO _____	DISCUSSED NO _____	DISCUSSED NO _____	DISCUSSED NO _____	DISCUSSED NO _____
<i>Explanation for any missed lessons/lesson notes:</i>						