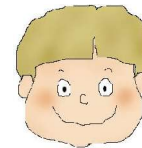


CHILD'S NAME: _____

MONTH: _____



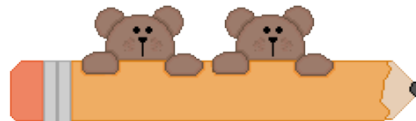
MOOD

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Very High																															
Medium High																															
A little High																															
Even																															
A little Low																															
Medium Low																															
Very Low																															



SLEEP

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Woke on time																															
Woke late																															
Bed on time																															
Bed late																															



SCHOOL

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Good day																															
Needs improvement																															