

INSTRUCTIONS FOR KEEPING ME!

TODAY I AM:

HAPPY _____ SLEEPY _____ QUIET _____ GIGGLY _____ HELPFUL _____

ROWDY _____ ENERGETIC _____ DEFIANT _____ WEEPY _____

I EAT....

I NEED MEALTIME HELP WITH:

BREAKFAST:

LUNCH:

SNACK:

DINNER:

MY DRINKS:

_____ OZ. OR _____ CUPS

TOILET:

DIAPERS: URINE? YES _____ NO _____ HOW MANY WET? _____

BOWEL MOVEMENT? YES _____ NO _____ HOW MANY TIMES? _____ SOFT _____ HARD _____

TOILET: URINE? YES _____ NO _____ HOW MANY TIMES? _____

BOWEL MOVEMENT? YES _____ NO _____ HOW MANY TIMES? _____ SOFT _____ HARD _____

CATHETER: _____ (HOW MUCH?)

MY ACTIVITIES:

SPEECH _____ MUSIC _____ PT _____ OT _____ COMPUTER SKILLS _____ ART _____

EQUIPMENT: (CHAIR, GAIT TRAINER) _____ OUTSIDE ACTIVITIES: _____

MEDICATIONS: _____

PARENT COMMENTS: _____

PARENT SIGNATURE: _____

Emergency Contact: _____ Phone: _____

Facility of Choice for Emergency Care: _____