



Weekly Schedule

Name of Provider: _____ For the Week of: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning Snack					
Activities					
Lunch					
Activities					
Afternoon Snack					
Activities					

*Please fill in what activities were actually used before you submit your weekly schedule at month end.

Special Activities/Developmental Goals:

Reason for planning these activities/how to adjust to include certain children (if applicable):

Beside each snack or activity please indicate what developmental need(s) have been met (See standard 7). Use the following notation(s): E-Emotional, P-Psychological, Ph-Physical, N-Nutritional, I-Intellectual, C-Creative, and S-Social. Ex: Reading I

January 2017

