

Shining Stars Academy



Child Development Center

Potty Training Report

Child's Full Name: _____ Date: _____

How Many Times



Time Schedule

I went potty bowel movement both at _____
Clock Time

I went potty bowel movement both at _____.

I went potty bowel movement both at _____.

I went potty bowel movement both at _____.

I went potty bowel movement both at _____.

I went potty bowel movement both at _____.

I went potty bowel movement both at _____.

I went potty bowel movement both at _____.

I used the potty _____ times.

Please bring the following supplies:

_____ pairs of underwear _____ change of clothes

other _____ other _____

Teacher's Comments: _____
