

HS & EHS - DAILY SENSORY HEALTH CHECK

Center: _____

KEY

- 1=Temperament/Mood (Listen) *mood, sickness, behavior
- 2=Physical Appearance (Look) *skin, breathing, behavior.
- 3=Temperature (Feel) *warm, cold, clammy
- 4=Odor (Smell) * foul, fruity, other

If there is a concern regarding one of these areas, please write the number you think it pertains to and the observation you made.
If everything is okay with the child for that day, please write "OK".

NAME OF CHILD	Monday Date:	Tuesday Date:	Wednesday Date:	Thursday Date:	Friday Date:
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

Reviewed By/Date _____
Action Needed Not Needed
Follow Up Date _____