	2 3	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			ded Not Needed Date
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	Tuesday	Wednesday	Thursday	Friday

EHS - DAILY SENSORY HEALTH CHECK

KEY

Date:___

Reviewed By/Date_

Center:__