

* Due at the beginning of each month, 10 Hours, worth 10% of Total Grade *

Name: _____

*Initial next to activity if parent/family member involved *

Period: _____



Monthly Physical Activity Log

"Don't Sit, Get Fit"

Month/Year: _____

Weekly Goals: Week 1: _____

Week 3: _____

Week 2: _____

Week 4: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Weekly Hours
A: _____	A: _____	A: _____	A: _____	A: _____	A: _____	A: _____	_____ Hours
T: _____	T: _____	T: _____	T: _____	T: _____	T: _____	T: _____	_____ Minutes
A: _____	A: _____	A: _____	A: _____	A: _____	A: _____	A: _____	_____ Hours
T: _____	T: _____	T: _____	T: _____	T: _____	T: _____	T: _____	_____ Minutes
A: _____	A: _____	A: _____	A: _____	A: _____	A: _____	A: _____	_____ Hours
T: _____	T: _____	T: _____	T: _____	T: _____	T: _____	T: _____	_____ Minutes
A: _____	A: _____	A: _____	A: _____	A: _____	A: _____	A: _____	_____ Hours
T: _____	T: _____	T: _____	T: _____	T: _____	T: _____	T: _____	_____ Minutes

A=Activity (Type of Physical Activity) T=Time (Duration of Activity) __=insert date (1, 21, etc.) **Monthly Total: _____ Hours _____ Minutes**

Did you meet your weekly goals? Explain. _____

Parent Signature (Required for Credit): _____

Date: _____