















Fitness Log















Student Name: _____

Grade: _____ School: _____

Week Of: _____















Week Of: _____















	Activity:	Healthy Habits:
SUN	 Minutes <u>20</u> <u>25</u> <u>30+</u> <small>circle one</small>	FRUITS & VEG. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GLASSES OF WATER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SLEEP  # hours _____
MON	 Minutes <u>20</u> <u>25</u> <u>30+</u> <small>circle one</small>	FRUITS & VEG. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GLASSES OF WATER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SLEEP  # hours _____
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WED	 Minutes <u>20</u> <u>25</u> <u>30+</u> <small>circle one</small>	FRUITS & VEG. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GLASSES OF WATER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SLEEP  # hours _____
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Teacher/Coach _____

Parent Signature _____

Date _____