

Month: _____








































































































Physical Activity Log

Student name _____


Teacher name _____


Signature _____

Be active **60 minutes** or more at least **15 days** per month. Write down your activity in the boxes for the days you are active for at least 60 minutes. **Bonus challenge:** see the bottom of this log to learn if you should circle the apple, moon or glass. **Get Out and Play, Every Day!**

Sunday   	Monday   	Tuesday   	Wednesday   	Thursday   	Friday   	Saturday   
Sunday   	Monday   	Tuesday   	Wednesday   	Thursday   	Friday   	Saturday   
Sunday   	Monday   	Tuesday   	Wednesday   	Thursday   	Friday   	Saturday   
Sunday   	Monday   	Tuesday   	Wednesday   	Thursday   	Friday   	Saturday   
Sunday   	Monday   	Tuesday   	Wednesday   	Thursday   	Friday   	Saturday   

Circle the image each day **IF** you have done the following:

 = Ate 5 or more servings of fruits and vegetables today

 = Slept 9 or more hours last night

 = Had no sugary drinks today*

*Sugary drinks include soda, sports and energy drinks, vitamin drinks, fruit and sweetened powdered drinks, and chocolate or flavored milk.



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