

PHYSICAL ACTIVITY LOG

Due Date: _____ *Must have minimum 1 hour and 3 activities each week*

Grade: 7 8 NAME _____

DATE	PHYSICAL ACTIVITY	TIME SPENT
Friday -		
Saturday -		
Sunday -		
Monday -		
Tuesday -		
Wednesday -		
Thursday -		
FIRST WEEK TOTAL:		

DATE	PHYSICAL ACTIVITY	TIME SPENT
Friday -		
Saturday -		
Sunday -		
Monday -		
Tuesday -		
Wednesday -		
Thursday -		
SECOND WEEK TOTAL:		

DATE	PHYSICAL ACTIVITY	TIME SPENT
Friday -		
Saturday -		
Sunday -		
Monday -		
Tuesday -		
Wednesday -		
Thursday -		
THIRD WEEK TOTAL:		

PARENT SIGNATURE _____ **DATE** _____

This section for teacher use only.	(Must have minimum 1 hour and 3 activities) Week 1:	
	(Must have minimum 1 hour and 3 activities) Week 2:	
	(Must have minimum 1 hour and 3 activities) Week 3:	
	Days Late (20% off each day late):	
	-10% if not filled out properly	
	+1% (3-4hours), +2% (4-5 hours), +3% (5+ hours) each week	
	GRADE:	