

WEEKLY PHYSICAL ACTIVITY LOG

NAME: _____

WEEK OF: _____

GOAL: 60 MINUTES OF PHYSICAL ACTIVITY PER DAY (does not need to be done all at once, you can chunk it into different parts of your day)

	Type of Exercise	Duration of Exercise	Parents Initials
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			