

Monthly P.E. Log

Name _____
 Dates LP 10 5/14 - 5/31

Date <u>5/14</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	<u>5/15</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	<u>5/16</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	<u>5/17</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	<u>5/18</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____
<u>5/21</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	<u>5/22</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	<u>5/23</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	<u>5/24</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	<u>5/25</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____
<u>5/28</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	<u>5/29</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	<u>5/30</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	<u>5/31</u> <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	_____ <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____
_____ <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	_____ <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	_____ <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	_____ <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	_____ <input type="checkbox"/> Jog/Run <input type="checkbox"/> Walk <input type="checkbox"/> Weightlifting <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____

Reminder: High School requires 40 min/day or 200 min/week

K - 8th grade 30 min/day or 150 min/week

DATE YOUR LOG ACCORDING TO MEETING DATE SCHEDULE. Failure to date log results in reduced grade.

For "Other" write what the activity is: swimming, skating, dancing, skiing or any other physical education activity.