

Monthly P.E. Log

Name _____

Dates LP1 8/29 - 9/23

<p>Date <u>8/29</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>8/30</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>8/31</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/1</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/2</u></p> <p><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</p> <p>Total Time _____</p>
<p><u>9/5</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/6</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/7</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/8</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/9</u></p> <p><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</p> <p>Total Time _____</p>
<p><u>9/12</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/13</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/14</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/15</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/16</u></p> <p><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</p> <p>Total Time _____</p>
<p><u>9/19</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/20</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/21</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/22</u></p> <p><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</p> <p>Total Time _____</p>	<p><u>9/23</u></p> <p><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</p> <p>Total Time _____</p>

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.