

# Monthly P.E. Log

Name \_\_\_\_\_

Dates LP 6 1/17-2/10

<p>Date <u>1/16</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>1/17</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>1/18</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>1/19</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>1/20</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>1/23</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>	<p><u>1/24</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>1/25</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>1/26</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>1/27</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>1/30</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>1/31</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>2/1</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>2/2</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>2/3</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>2/6</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>2/7</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>2/8</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>2/9</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>2/10</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 - 8<sup>th</sup> 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.