

Monthly P.E. Log

Name _____
 Dates LP8 3/12 - 4/13

Date <u>3/12</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>3/13</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>3/14</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>3/15</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>3/16</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>3/19</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>3/20</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>3/21</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>3/22</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>3/23</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>3/26</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>3/27</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>3/28</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>3/29</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>3/30</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>4/9</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>4/10</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>4/11</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>4/12</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>4/13</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 _____

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.

Spring Break
4/2 - 4/6