

Monthly P.E. Log

Name _____

Dates LP9 4/16 - 5/11

<p>Date <u>4/16</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>4/17</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>4/18</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>4/19</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>4/20</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>4/23</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>4/24</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>4/25</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>4/26</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>4/27</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>4/30</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>5/1</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>5/2</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>5/3</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>5/4</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>5/7</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>5/8</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>5/9</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>5/10</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>	<p><u>5/11</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.