

Week 3 to 8 Physical Activity Log

Week	Day and Date (mm/dd/yy)	Activity	Followed Safety Rules (Yes/No)	Duration (in Minutes)	Level of Exertion (A number from 1 to 10 based on the Level of Exertion chart)	How you feel after the activity (ex. sore, tired, exhilarated, OK)
3	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
4	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					

I certify that my son/daughter has completed the activities recorded on this chart.

Parent/guardian signature: _____ Date: _____ Student signature: _____

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5	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
6	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					

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7	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
8	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					

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