

Week One Activity Log

Week	Day and Date (mm/dd/yy)	Activity	Followed Safety Rules (Yes/No)	Duration (in Minutes)	Level of Exertion (light, moderate or vigorous)	How you feel after the activity (ex. sore, tired, exhilarated, OK)
1	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: _____ Date: _____