PE Weekly Physical Activity Log 4th/5th

Student Name:

Week Starting Date:

School:

Classroom Teacher:

Exercise /Physical Activity	Amount of Time	Intensity of Exercise (Mild, Moderate, Vigorous)	Adult Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Optional(Saturday&Sunday)			
FOR FUN ASK YOUR FAMILY TO JOIN YOU WHILE YOU EXERCISE.			