

## Grades 7 - 12

Log

200 Minutes Weekly

Name\_\_\_\_

Week/Date: Activity	Number of
_	Steps/Minutes
Mon	
MOII	
Tue	
Wed	
Thur	
Fri	
Sat	
Sac	
Sun	
Yes, I have met the	
P.E. requirements for	
the week.	Total Time
Student Signature:	
Student Signature.	
Parent Signature:	
Teacher Signature:	

Week/Date: Activity	Number of
	Steps/Minutes
Mon	
Tue	
Wed	
Thur	
Fri	
FII	
Sat	
Sun	
Yes, I have met the	
P.E. requirements for	
the week.	Total Time
	•
Student Signature:	
Parent Signature:	
Teacher Signature:	

Week/Date: Activity	Number of
	Steps/Minutes
Mon	
Tue	
>	
Wed	
Thur	
Thur	
Fri	
Sat	
Sun	
Yes, I have met the	
P.E. requirements for	
the week.	Total Time
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Student Signature:	
Parent Signature:	
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Teacher Signature:	
reacher Signature.	

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Mon	
Tue	
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Wed	
Thur	
Fri	
Sat	
Sun	
Yes, I have met the	
P.E. requirements for	
the week.	Total Time
Student Signature:	
Parent Signature:	
Teacher Signature:	