

Monthly P.E. Log

Name: _____

LP 1 – 15 days

Dates: 8/16/21 – 9/3/21

Date <u>8/16/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>8/17/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>8/18/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>8/19/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>8/20/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>8/23/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>8/24/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>8/25/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>8/26/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>8/27/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>8/30/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>8/31/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/1/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/2/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/3/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)

Reminder: High School requires 40 min/day or 200 min/week TK – 8th grade 30 min/day or 150 min/week
 For "Other" write what the activity is: swimming, skating, dancing, skiing or any other physical education activity.

Monthly Total

Monthly P.E. Log

LP 2 – 19 days

Name: _____

Dates: 9/7/21 – 10/1/21

Date <u>9/6/21</u> HOLIDAY LABOR DAY	Date <u>9/7/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/8/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/9/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/10/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>9/13/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/14/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/15/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/16/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/17/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>9/20/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/21/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/22/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/23/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/24/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>9/27/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/28/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/29/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>9/30/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/1/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)

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 For "Other" write what the activity is: swimming, skating, dancing, skiing or any other physical education activity.

Monthly Total

Monthly P.E. Log

Name: _____

LP 3 – 20 days

Dates: 10/4/21 – 10/29/21

Date <u>10/4/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/5/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/6/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/7/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/8/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>10/11/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/12/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/13/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/14/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/15/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>10/18/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/19/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/20/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/21/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/22/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>10/25/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/26/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/27/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/28/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>10/29/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)

Reminder: High School requires 40 min/day or 200 min/week TK – 8th grade 30 min/day or 150 min/week
 For "Other" write what the activity is: swimming, skating, dancing, skiing or any other physical education activity.

Monthly Total _____

Monthly P.E. Log

LP 4 – 16 days

Name: _____

Dates: 11/1/21 – 11/23/21

Date <u>11/1/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/2/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/3/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/4/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/5/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>11/8/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/9/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/10/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/11/21</u> HOLIDAY VETERANS DAY	Date <u>11/12/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>11/15/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/16/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/17/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/18/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/19/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>11/22/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/23/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/24/21</u> NO SCHOOL THANKSGIVING BREAK	Date <u>11/25/21</u> HOLIDAY HAPPY THANKSGIVING	Date <u>11/26/21</u> NO SCHOOL THANKSGIVING BREAK	Weekly Minutes _____ (Total)

Reminder: High School requires 40 min/day or 200 min/week TK – 8th grade 30 min/day or 150 min/week
 For "Other" write what the activity is: swimming, skating, dancing, skiing or any other physical education activity.

Monthly
Total

Monthly P.E. Log

Name: _____

LP 5 – 18 days

Dates: 11/29/21 – 12/22/21

Date <u>11/29/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>11/30/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/1/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/2/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/3/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>12/6/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/7/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/8/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/9/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/10/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>12/13/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/14/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/15/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/16/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/17/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>12/20/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/21/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/22/21</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>12/23/21</u> HOLIDAY WINTER BREAK	Date <u>12/24/21</u> HOLIDAY WINTER BREAK	Weekly Minutes _____ (Total)
Reminder: High School requires 40 min/day or 200 min/week TK – 8 th grade 30 min/day or 150 min/week For "Other" write what the activity is: swimming, skating, dancing, skiing or any other physical education activity.					Monthly Total _____

Monthly P.E. Log

Name: _____

LP 6 – 19 days

Dates: 1/10/22 – 2/4/22

Date <u>1/10/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>1/11/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>1/12/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>1/13/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>1/14/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>1/17/22</u> HOLIDAY MARTIN LUTHER KING JR. DAY	Date <u>1/18/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>1/19/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>1/20/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>1/21/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>1/24/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>1/25/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>1/26/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>1/27/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>1/28/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>1/31/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/1/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/2/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/3/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/4/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)

Reminder: High School requires 40 min/day or 200 min/week TK – 8th grade 30 min/day or 150 min/week
 For "Other" write what the activity is: swimming, skating, dancing, skiing or any other physical education activity.

Monthly
 Total

Monthly P.E. Log

Name: _____

LP 7 – 18 days

Dates: 2/7/22 – 3/4/22

Date <u>2/7/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/8/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/9/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/10/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/11/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>2/14/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/15/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/16/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/17/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/18/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>2/21/22</u> HOLIDAY PRESIDENT'S DAY	Date <u>2/22/22</u> HOLIDAY PRESIDENT'S DAY	Date <u>2/23/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/24/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>2/25/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>2/28/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>3/1/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>3/2/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>3/3/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>3/4/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)

Reminder: High School requires 40 min/day or 200 min/week TK – 8th grade 30 min/day or 150 min/week
 For "Other" write what the activity is: swimming, skating, dancing, skiing or any other physical education activity.

Monthly Total

Monthly P.E. Log

Name: _____

LP 8 – 20 days

Dates: 3/7/22 – 4/1/22

<p>Date <u>3/7/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/8/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/9/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/10/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/11/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Weekly Minutes</p> <p>_____</p> <p>(Total)</p>
<p>Date <u>3/14/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/15/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/16/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/17/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/18/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Weekly Minutes</p> <p>_____</p> <p>(Total)</p>
<p>Date <u>3/21/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/22/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/23/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/24/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/25/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Weekly Minutes</p> <p>_____</p> <p>(Total)</p>
<p>Date <u>3/28/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/29/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/30/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>3/31/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date <u>4/1/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Weekly Minutes</p> <p>_____</p> <p>(Total)</p>

Reminder: High School requires 40 min/day or 200 min/week TK – 8th grade 30 min/day or 150 min/week
 For "Other" write what the activity is: swimming, skating, dancing, skiing or any other physical education activity.

Monthly Total

Monthly P.E. Log

Name: _____

LP 9 – 15 days

Dates: 4/4/22– 4/29/22

Date <u>4/4/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/5/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/6/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/7/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/8/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
SPRING BREAK					
Date <u>4/18/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/19/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/20/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/21/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/22/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)
Date <u>4/25/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/26/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/27/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/28/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Date <u>4/29/22</u> <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other _____ Total Time _____	Weekly Minutes _____ (Total)

Reminder: High School requires 40 min/day or 200 min/week TK – 8th grade 30 min/day or 150 min/week
 For "Other" write what the activity is: swimming, skating, dancing, skiing or any other physical education activity.

Monthly Total _____

Monthly P.E. Log

Name: _____

LP 10 – 15 days

Dates: 5/2/22 – 5/20/22

<p>Date <u>5/2/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/3/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/4/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/5/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/6/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Weekly Minutes</p> <p>_____</p> <p>(Total)</p>
<p>Date <u>5/9/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/10/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/11/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/12/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/13/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Weekly Minutes</p> <p>_____</p> <p>(Total)</p>
<p>Date <u>5/16/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/17/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/18/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/19/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date <u>5/20/22</u></p> <p><input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Weekly Minutes</p> <p>_____</p> <p>(Total)</p>

Reminder: High School requires 40 min/day or 200 min/week TK – 8th grade 30 min/day or 150 min/week
 For "Other" write what the activity is: swimming, skating, dancing, skiing or any other physical education activity.

Monthly Total
