

Physical Activity Goals

Week of _____

My plans are to do

	Activity I plan to do	Time of day	Friend(s) who will be active with me
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Date _____ Student's signature _____ Teacher's initials _____

The actual activity I did

	Yes, I did the following activity	How long?	I was unable to do planned activity because
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			