

# Weekly Workout Log

Week of \_\_\_\_\_

Name \_\_\_\_\_ Hour \_\_\_\_\_

Frequency/ Date	Intensity (How hard did you work? 1=very easy-10=very hard)	Time (How long did you exercise)	Type (What activity did you do?)	Like or Dislike?
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				

Parent Signature \_\_\_\_\_

For full credit, student must participate in 3 days of physical activity outside of class for at least 20 minutes per day. Please bring back the sheet signed by a parent or guardian every Friday.

# Weekly Workout Log

Week of \_\_\_\_\_

Name \_\_\_\_\_ Hour \_\_\_\_\_

Frequency/ Date	Intensity (How hard did you work? 1=very easy-10=very hard)	Time (How long did you exercise)	Type (What activity did you do?)	Like or Dislike?
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				

Parent Signature \_\_\_\_\_

For full credit, student must participate in 3 days of physical activity outside of class for at least 20 minutes per day. Please bring back the sheet signed by a parent or guardian every Friday.