**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Period\_\_\_\_**

**Each day fill-in the ACTIVITY /ACTIVITIES/EXERCISES as well as the amount of TIME you participated**

**60 MINUTES of ACTIVITY is YOUR DAILY GOAL**

**\*\*\*CALENDAR CHECK\*\*\***

***\*\*\*THURSDAY OCTOBER 10\*\*\****

**SAT. SUN MON TUES. WEDS. THURS. FRI**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SEPT. 28**  |  **29** |  **30** | **OCT 1** |  **2** |  **3** |  **4** |
|  **5** |  **6** |  **7** |  **8** |  **9** |  **\*\*\*\* 10** |  **11** |
|  **12** |  **13** |  **14** |  **15**  |  **16** |  **17** |  **18** |

**For 10/10 calendar CHECK-IN**

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

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***MORE ON BACK***

***COMPLETE THIS SECTION for the OCTOBER 10TH CHECK-IN***

**\*\*= Copy this information from student copy of your goals**

**##= This is new information for you to fill-in**

**Goal 1 \*\* Fitness Component\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\*\* My Starting Score was\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **## My most recent score is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **## My final goal is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Goal 2 \*\* Fitness Component\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\*\* My Starting Score was\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **## My most recent score is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **## My final goal is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**At this time re-evaluate your plan**

 **Do you need to do different activities/exercises?**

 **Could you work out a few more minutes each day?**

 **Could your level of effort increase?**

 **Should you challenge yourself a bit more?**

**Change your final goal?**

***ARE YOU BEING ACTIVE for 60 MINUTES?***

 **DUE TUESDAY NOVEMBER 12TH by 2:35**

**Sat. Sun. Mon. Tues. Weds. Thurs. Fri.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Oct. 19** | **20** | **21** | **22** | **23** | **24** | **25** |
| **26** | **27** | **28** | **29** | **30** | **31** | **Nov.1** |
| **2** | **3** | **4** | **5** | **6** | **7** | **8** |

***The following MUST be turned in on Nov.12th***

* **Student copy of goals**
* **Completed activity calendar**
* **Complete questions on back of this paper**
* **REFLECTION…more information later**

**Goal 1 Fitness Component\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **My Starting Score was\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **My final goal was\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **MY FINAL SCORE is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Goal 2 Fitness Component\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **My Starting Score was\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **My final goal was\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **MY FINAL SCORE is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many 60 minute days \_\_\_\_\_\_/84 did you have?**

**Student’s Name(printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**