



**Action Schools! BC**

# DPA Log

GRADES K TO 3

Submit in excel format or fax 604.333.3579

School Name & SD#: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_ Division: \_\_\_\_\_

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

MONDAY	FREQ	DUR	TUESDAY	FREQ	DUR	WEDNESDAY	FREQ	DUR	THURSDAY	FREQ	DUR	FRIDAY	FREQ	DUR
Scheduled PE:			Scheduled PE:			Scheduled PE:			Scheduled PE:			Scheduled PE:		
<b>Classroom Action:</b>			<b>Classroom Action:</b>			<b>Classroom Action:</b>			<b>Classroom Action:</b>			<b>Classroom Action:</b>		
<input type="checkbox"/> Bounce-at-the-Bell			<input type="checkbox"/> Bounce-at-the-Bell			<input type="checkbox"/> Bounce-at-the-Bell			<input type="checkbox"/> Bounce-at-the-Bell			<input type="checkbox"/> Bounce-at-the-Bell		
<input type="checkbox"/> Skipping Rope			<input type="checkbox"/> Skipping Rope			<input type="checkbox"/> Skipping Rope			<input type="checkbox"/> Skipping Rope			<input type="checkbox"/> Skipping Rope		
<input type="checkbox"/> Classroom Workouts			<input type="checkbox"/> Classroom Workouts			<input type="checkbox"/> Classroom Workouts			<input type="checkbox"/> Classroom Workouts			<input type="checkbox"/> Classroom Workouts		
<input type="checkbox"/> Chair Aerobics			<input type="checkbox"/> Chair Aerobics			<input type="checkbox"/> Chair Aerobics			<input type="checkbox"/> Chair Aerobics			<input type="checkbox"/> Chair Aerobics		
<input type="checkbox"/> Classroom Circuits			<input type="checkbox"/> Classroom Circuits			<input type="checkbox"/> Classroom Circuits			<input type="checkbox"/> Classroom Circuits			<input type="checkbox"/> Classroom Circuits		
<input type="checkbox"/> Classroom Dance			<input type="checkbox"/> Classroom Dance			<input type="checkbox"/> Classroom Dance			<input type="checkbox"/> Classroom Dance			<input type="checkbox"/> Classroom Dance		
<input type="checkbox"/> Playground Games			<input type="checkbox"/> Playground Games			<input type="checkbox"/> Playground Games			<input type="checkbox"/> Playground Games			<input type="checkbox"/> Playground Games		
<input type="checkbox"/> Playground Circuits			<input type="checkbox"/> Playground Circuits			<input type="checkbox"/> Playground Circuits			<input type="checkbox"/> Playground Circuits			<input type="checkbox"/> Playground Circuits		
<input type="checkbox"/> Tag			<input type="checkbox"/> Tag			<input type="checkbox"/> Tag			<input type="checkbox"/> Tag			<input type="checkbox"/> Tag		
<input type="checkbox"/> Walking/Running			<input type="checkbox"/> Walking/Running			<input type="checkbox"/> Walking/Running			<input type="checkbox"/> Walking/Running			<input type="checkbox"/> Walking/Running		
<input type="checkbox"/> Head-to-Toe Stretch			<input type="checkbox"/> Head-to-Toe Stretch			<input type="checkbox"/> Head-to-Toe Stretch			<input type="checkbox"/> Head-to-Toe Stretch			<input type="checkbox"/> Head-to-Toe Stretch		
<input type="checkbox"/> Yoga			<input type="checkbox"/> Yoga			<input type="checkbox"/> Yoga			<input type="checkbox"/> Yoga			<input type="checkbox"/> Yoga		
<input type="checkbox"/> Grippers			<input type="checkbox"/> Grippers			<input type="checkbox"/> Grippers			<input type="checkbox"/> Grippers			<input type="checkbox"/> Grippers		
<input type="checkbox"/> Action Breaks			<input type="checkbox"/> Action Breaks			<input type="checkbox"/> Action Breaks			<input type="checkbox"/> Action Breaks			<input type="checkbox"/> Action Breaks		
<input type="checkbox"/> BrainDance			<input type="checkbox"/> BrainDance			<input type="checkbox"/> BrainDance			<input type="checkbox"/> BrainDance			<input type="checkbox"/> BrainDance		
<input type="checkbox"/> Throwing/Catching			<input type="checkbox"/> Throwing/Catching			<input type="checkbox"/> Throwing/Catching			<input type="checkbox"/> Throwing/Catching			<input type="checkbox"/> Throwing/Catching		
<input type="checkbox"/> Nutrition			<input type="checkbox"/> Nutrition			<input type="checkbox"/> Nutrition			<input type="checkbox"/> Nutrition			<input type="checkbox"/> Nutrition		
<input type="checkbox"/> Health			<input type="checkbox"/> Health			<input type="checkbox"/> Health			<input type="checkbox"/> Health			<input type="checkbox"/> Health		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
<b>Other Action Zones:</b>														