



Action Schools! BC

DPA Log

MIDDLE SCHOOL

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:		
Classroom Action:			Classroom Action:			Classroom Action:			Classroom Action:			Classroom Action:		
<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			<input type="checkbox"/> Skipping			<input type="checkbox"/> Skipping			<input type="checkbox"/> Skipping			<input type="checkbox"/> Skipping		
<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"/> 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"/> Playground Games/Tag			<input type="checkbox"/> Playground Games/Tag			<input type="checkbox"/> Playground Games/Tag			<input type="checkbox"/> Playground Games/Tag			<input type="checkbox"/> Playground Games/Tag		
<input type="checkbox"/> Fitness Circuit			<input type="checkbox"/> Fitness Circuit			<input type="checkbox"/> Fitness Circuit			<input type="checkbox"/> Fitness Circuit			<input type="checkbox"/> Fitness Circuit		
<input type="checkbox"/> Stretching			<input type="checkbox"/> Stretching			<input type="checkbox"/> Stretching			<input type="checkbox"/> Stretching			<input type="checkbox"/> Stretching		
<input type="checkbox"/> Strengthening			<input type="checkbox"/> Strengthening			<input type="checkbox"/> Strengthening			<input type="checkbox"/> Strengthening			<input type="checkbox"/> Strengthening		
<input type="checkbox"/> Exercise Bands			<input type="checkbox"/> Exercise Bands			<input type="checkbox"/> Exercise Bands			<input type="checkbox"/> Exercise Bands			<input type="checkbox"/> Exercise Bands		
<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"/> Active Lifestyles			<input type="checkbox"/> Active Lifestyles			<input type="checkbox"/> Active Lifestyles			<input type="checkbox"/> Active Lifestyles			<input type="checkbox"/> Active Lifestyles		
<input type="checkbox"/> Juggling			<input type="checkbox"/> Juggling			<input type="checkbox"/> Juggling			<input type="checkbox"/> Juggling			<input type="checkbox"/> Juggling		
<input type="checkbox"/> Pedometer Program			<input type="checkbox"/> Pedometer Program			<input type="checkbox"/> Pedometer Program			<input type="checkbox"/> Pedometer Program			<input type="checkbox"/> Pedometer Program		
<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		
Other Action Zones:														