



Physical Activity Weekly Log

GRADES K TO 3

Action Schools! BC

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 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"/>			
Other Action Zones:																			