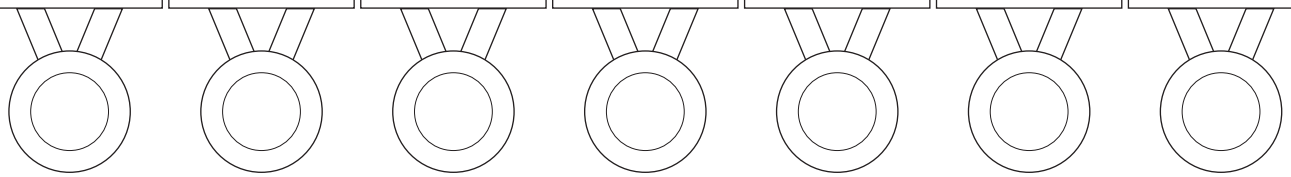
HOW DID YOU GET MOVING THIS WEEK?

Name: _____

Who can help you achieve your goals for this week? _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
RUN Ex: Tag Games	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY
	TIME	TIME	TIME	TIME	TIME	TIME	TIME
BALANCE Ex: Balance Poses	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY
	TIME	TIME	TIME	TIME	TIME	TIME	TIME
JUMP Ex: Jumping Jacks	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY
	TIME	TIME	TIME	TIME	TIME	TIME	TIME
THROW Ex: Target Throwing	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY
	TIME	TIME	TIME	TIME	TIME	TIME	TIME



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ACTIVE FOR LIFE®

What was your favourite activity or movement this week? _____

_____

_____

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	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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	TIME	TIME	TIME	TIME	TIME	TIME	TIME
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	TIME	TIME	TIME	TIME	TIME	TIME	TIME
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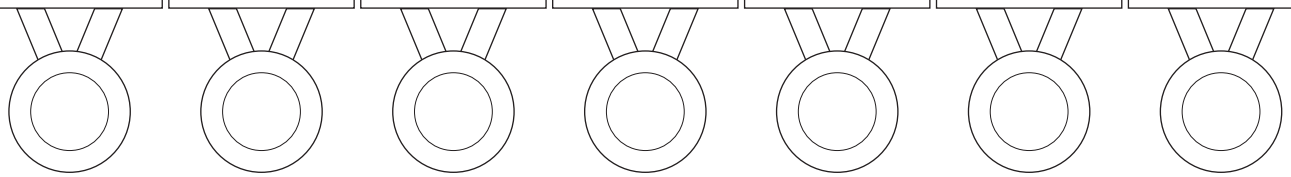
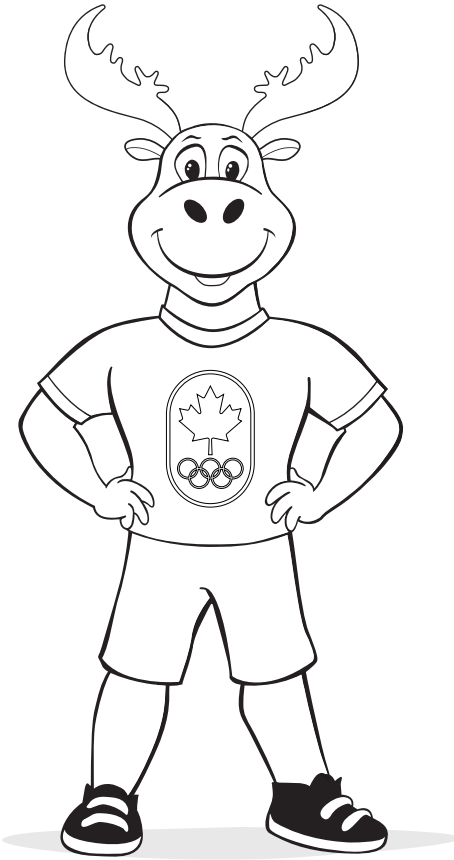
	TIME	TIME	TIME	TIME	TIME	TIME	TIME
THROW Ex: Target Throwing	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY
	TIME	TIME	TIME	TIME	TIME	TIME	TIME





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_____

_____