

Monthly P.E. Log

LP 1

Dates: 8/19/24 – 8/30/24; 10 Days

Student Name: _____

Date: 8/19/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 8/20/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 8/21/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 8/22/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 8/23/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____
Date: 8/26/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 8/27/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 8/28/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 8/29/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 8/30/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____

Reminder: High School requires 40 min/day or 200 min/week

TK – 8th grade 30 min/day or 150 min/week

Monthly P.E. Log

LP 2

Dates: 9/3/24-9/27/24; 19 days

Student Name: _____

Date: 9/2/24 HOLIDAY LABOR DAY	Date: 9/3/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/4/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/5/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/6/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____
Date: 9/9/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/10/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/11/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/12/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/13/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____
Date: 9/16/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/17/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/18/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/19/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/20/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____
Date: 9/23/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/24/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/25/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/26/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 9/27/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____ Monthly Total: _____

Reminder: High School requires 40 min/day or 200 min/week

TK – 8th grade 30 min/day or 150 min/week

Monthly P.E. Log

LP 3

Dates: 9/30/24-10/25/24; 20 days

Student Name: _____

Date: 9/30/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/1/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/2/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/3/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/4/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/>
Date: 10/7/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/8/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/9/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/10/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/11/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/>
Date: 10/14/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/15/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/16/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/17/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/18/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/>
Date: 10/21/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/22/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/23/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/24/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/25/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/> Monthly Total: <hr style="width: 100%;"/>

Reminder: High School requires 40 min/day or 200 min/week

TK – 8th grade 30 min/day or 150 min/week

Monthly P.E. Log

LP 4

Dates: 10/28/24-11/22/24; 19 days

Student Name: _____

Date: 10/28/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/29/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/30/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 10/31/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/1/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 50%; margin: auto;"/>
Date: 11/4/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/5/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/6/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/7/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/8/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 50%; margin: auto;"/>
Date: 11/11/24 Holiday Veterans Day	Date: 11/12/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/13/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/14/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/15/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 50%; margin: auto;"/>
Date: 11/18/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/19/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/20/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/21/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/22/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 50%; margin: auto;"/> Monthly Total: <hr style="width: 50%; margin: auto;"/>

Reminder: High School requires 40 min/day or 200 min/week

TK – 8th grade 30 min/day or 150 min/week

Monthly P.E. Log

LP 5

Dates: 11/25/24-12/20/24; 17 days

Student Name: _____

Date: 11/25/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/26/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 11/27/24 Holiday Thanksgiving Break	Date: 11/28/24 Holiday Thanksgiving Break	Date: 11/29/24 Holiday Thanksgiving Break	Total Weekly Minutes _____
Date: 12/2/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/3/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/4/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/5/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/6/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____
Date: 12/9/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/10/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/11/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/12/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/13/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____
Date: 12/16/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/17/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/18/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/19/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 12/20/24 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____ Monthly Total: _____

Reminder: High School requires 40 min/day or 200 min/week

TK – 8th grade 30 min/day or 150 min/week

Monthly P.E. Log

LP 6

Dates: 1/6/25–1/31/25; 19 days

Student Name: _____

Date: 1/6/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/7/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/8/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/9/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/10/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/>
Date: 1/13/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/14/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/15/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/16/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/17/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/>
Date: 1/20/25 Holiday Martin Luther King Day	Date: 1/21/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/22/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/23/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/24/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/>
Date: 1/27/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/28/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/29/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/30/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 1/31/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/> Monthly Total: <hr style="width: 100%;"/>

Reminder: High School requires 40 min/day or 200 min/week

TK – 8th grade 30 min/day or 150 min/week

Monthly P.E. Log

LP 7

Dates: 2/3/25–2/28/25; 18 days

Student Name: _____

Date: 2/3/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/4/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/5/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/6/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/7/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/>
Date: 2/10/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/11/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/12/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/13/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/14/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/>
HOLIDAY PRESIDENT'S DAY	HOLIDAY PRESIDENT'S DAY	Date: 2/19/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/20/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/21/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/>
Date: 2/24/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/25/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/26/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/27/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 2/28/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 100%;"/> Monthly Total: <hr style="width: 100%;"/>

Reminder: High School requires 40 min/day or 200 min/week

TK – 8th grade 30 min/day or 150 min/week

Monthly P.E. Log

LP 8

Dates: 3/3/24–3/28/25; 20 days

Student Name: _____

Date: 3/3/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/4/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/5/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/6/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/7/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 50%; margin: auto;"/>
Date: 3/10/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/11/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/12/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/13/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/14/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 50%; margin: auto;"/>
Date: 3/17/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/18/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/19/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/20/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/21/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 50%; margin: auto;"/>
Date: 3/24/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/25/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/26/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/27/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 3/28/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes <hr style="width: 50%; margin: auto;"/> Monthly Total: <hr style="width: 50%; margin: auto;"/>

Reminder: High School requires 40 min/day or 200 min/week

TK – 8th grade 30 min/day or 150 min/week

Monthly P.E. Log LP 9

Dates: 3/31/25–5/2/25; 20 days

Student Name: _____

Date: 3/31/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/1/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/2/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/3/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/4/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____
Date: 4/7/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/8/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/9/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/10/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/11/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____
Holiday Spring Break	Holiday Spring Break	Holiday Spring Break	Holiday Spring Break	Holiday Spring Break	
Date: 4/21/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/22/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/23/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/24/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/25/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____
Date: 4/28/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/29/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 4/30/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/1/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/2/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____ Monthly Total:

Reminder: High School requires 40 min/day or 200 min/week

TK – 8th grade 30 min/day or 150 min/week

Monthly P.E. Log

LP 10

Dates: 5/5/25–5/21/25; 13 days

Student Name: _____

Date: 5/5/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/6/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/7/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/8/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/9/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____
Date: 5/12/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/13/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/14/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/15/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/16/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Total Weekly Minutes _____
Date: 5/19/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/20/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/21/25 <input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time _____	Date: 5/22/25 NO SCHOOL SUMMER BREAK Total Time _____	Date: 5/23/25 NO SCHOOL SUMMER BREAK Total Time _____	Total Weekly Minutes _____ Monthly Total: _____

Reminder: High School requires 40 min/day or 200 min/week

TK – 8th grade 30 min/day or 150 min/week.