

Monthly P.E. Log

LP 1

Student Name: _____

Teacher Name: _____

8/18/2025	8/19/2025	8/20/2025	8/21/2025	8/22/2025	Total Weekly Minutes <hr/>
<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: _____	<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: _____	<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: _____	<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: _____	<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: _____	
8/25/2025	8/26/2025	8/27/2025	8/28/2025	8/29/2025	Total Weekly Minutes <hr/>
<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: _____	<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: _____	<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: _____	<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: _____	<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: _____	
9/1/2025	9/2/2025	9/3/2025	9/4/2025	9/5/2025	Total Weekly Minutes <hr/> Total Monthly Minutes <hr/>
HOLIDAY NO SCHOOL	<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: _____	<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: _____	<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: _____	<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: _____	

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

Student Name:

Teacher Name:

9/8/2025	9/9/2025	9/10/2025	9/11/2025	9/12/2025	
<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: _____	<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: _____	<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: _____	<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: _____	<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
9/15/2025	9/16/2025	9/17/2025	9/18/2025	9/19/2025	
<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: _____	<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: _____	<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: _____	<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: _____	<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
9/22/2025	9/23/2025	9/24/2025	9/25/2025	9/26/2025	
<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: _____	<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: _____	<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: _____	<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: _____	<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 Total Monthly 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 3

Student Name: _____

Teacher Name: _____

<p>9/29/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>9/30/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/1/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/2/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/3/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>10/6/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/7/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/8/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/9/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/10/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>10/13/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/14/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/15/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/16/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/17/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>10/20/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/21/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/22/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/23/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>10/24/2025</p> <p><input type="checkbox"/> Jog/Run/Walk</p> <p><input type="checkbox"/> Martial Arts</p> <p><input type="checkbox"/> Strength Training</p> <p><input type="checkbox"/> Team Sports</p> <p><input type="checkbox"/> Aerobics/Dance</p> <p><input type="checkbox"/> Bicycling</p> <p>Total Time: _____</p>	<p>Total Weekly Minutes</p> <p>_____</p> <p>Total Monthly Minutes</p> <p>_____</p>

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

Student Name:

Teacher Name:

10/27/2025	10/28/2025	10/29/2025	10/30/2025	10/31/2025	
<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: _____	<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: _____	<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: _____	<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: _____	<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/>
11/3/2025	11/4/2025	11/5/2025	11/6/2025	11/7/2025	
<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: _____	<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: _____	<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: _____	<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: _____	<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/>
11/10/2025	11/11/2025	11/12/2025	11/13/2025	11/14/2025	
<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: _____	<div style="text-align: center;"> HOLIDAY NO SCHOOL </div>	<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: _____	<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: _____	<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/>
11/17/2025	11/18/2025	11/19/2025	11/20/2025	11/21/2025	
<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: _____	<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: _____	<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: _____	<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: _____	<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/> Total Monthly Minutes <hr/>

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

Student Name:

Teacher Name:

11/24/2025	11/25/2025	11/26/2025	11/27/2025	11/28/2025	
<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: _____	<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: _____	HOLIDAY NO SCHOOL	HOLIDAY NO SCHOOL	HOLIDAY NO SCHOOL	Total Weekly Minutes _____
12/1/2025	12/2/2025	12/3/2025	12/4/2025	12/5/2025	
<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: _____	<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: _____	<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: _____	<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: _____	<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 _____
12/8/2025	12/9/2025	12/10/2025	12/11/2025	12/12/2025	
<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: _____	<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: _____	<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: _____	<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: _____	<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 _____
12/15/2025	12/16/2025	12/17/2025	12/18/2025	12/19/2025	
<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: _____	<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: _____	<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: _____	<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: _____	<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 _____ Total Monthly 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 6

Student Name:

Teacher Name:

1/5/2026	1/6/2026	1/7/2026	1/8/2026	1/9/2026	
<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div>Total Weekly Minutes</div> <div>_____</div>
1/12/2026	1/13/2026	1/14/2026	1/15/2026	1/16/2026	
<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div>Total Weekly Minutes</div> <div>_____</div>
1/19/2026	1/20/2026	1/21/2026	1/22/2026	1/23/2026	
<div>HOLIDAY NO SCHOOL</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div>Total Weekly Minutes</div> <div>_____</div>
1/26/2026	1/27/2026	1/28/2026	1/29/2026	1/30/2026	
<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div><input type="checkbox"/> Jog/Run/Walk</div> <div><input type="checkbox"/> Martial Arts</div> <div><input type="checkbox"/> Strength Training</div> <div><input type="checkbox"/> Team Sports</div> <div><input type="checkbox"/> Aerobics/Dance</div> <div><input type="checkbox"/> Bicycling</div> <div>Total Time: _____</div>	<div>Total Weekly Minutes</div> <div>_____</div> <div>Total Monthly Minutes</div>

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

Student Name:

Teacher Name:

2/2/2026	2/3/2026	2/4/2026	2/5/2026	2/6/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<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
2/9/2026	2/10/2026	2/11/2026	2/12/2026	2/13/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<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
2/16/2026	2/17/2026	2/18/2026	2/19/2026	2/20/2026	
HOLIDAY NO SCHOOL	HOLIDAY NO SCHOOL	<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: _____	<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: _____	<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
2/23/2026	2/24/2026	2/25/2026	2/26/2026	2/27/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<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 Total Monthly 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 8

Student Name:

Teacher Name:

3/2/2026	3/3/2026	3/4/2026	3/5/2026	3/6/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<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 _____
3/9/2026	3/10/2026	3/11/2026	3/12/2026	3/13/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<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 _____
3/16/2026	3/17/2026	3/18/2026	3/19/2026	3/20/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<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 _____
3/23/2026	3/24/2026	3/25/2026	3/26/2026	3/27/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<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 _____ Total Monthly 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 9

Student Name:

Teacher Name:

3/30/2026	3/31/2026	4/1/2026	4/2/2026	4/3/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<div style="text-align: center;"> HOLIDAY NO SCHOOL </div>	<div style="text-align: center;"> Total Weekly Minutes <hr/> </div>
4/6/2026	4/7/2026	4/8/2026	4/9/2026	4/10/2026	
SPRING BREAK	SPRING BREAK	SPRING BREAK	SPRING BREAK	SPRING BREAK	
4/13/2026	4/14/2026	4/15/2026	4/16/2026	4/17/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<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: _____	<div style="text-align: center;"> Total Weekly Minutes <hr/> </div>
4/20/2026	4/21/2026	4/22/2026	4/23/2026	4/24/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<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: _____	<div style="text-align: center;"> Total Weekly Minutes <hr/> </div>
4/27/2026	4/28/2026	4/29/2026	4/30/2026	5/1/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<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: _____	<div style="text-align: center;"> Total Weekly Minutes <hr/> Total Monthly Minutes <hr/> </div>

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

Student Name:

Teacher Name:

5/4/2026	5/5/2026	5/6/2026	5/7/2026	5/8/2026	
<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: _____	<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: _____	<input type="checkbox"/> Jog/Run/Walk <input type="checkbox"/> Martial Arts <input checked="" type="checkbox"/> Strength Training <input type="checkbox"/> Team Sports <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Bicycling Total Time: _____	<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: _____	<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/>
5/11/2026	5/12/2026	5/13/2026	5/14/2026	5/15/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<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/>
5/18/2026	5/19/2026	5/20/2026	5/21/2026	5/22/2026	
<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: _____	<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: _____	<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: _____	<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: _____	<div style="text-align: center;"> <h2>HAVE A GOOD SUMMER</h2> </div>	Total Weekly Minutes <hr/> Total Monthly Minutes <hr/>

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

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