

# My Physical Activity Chart

Child's Name \_\_\_\_\_

Place an X in the box for each day of physical activity for 3 weeks.  
Goal: Plan daily physical activity.

Physical Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
 Running							
You Choose							
You Choose							

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 Running							
You Choose							
You Choose							

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 Running							
You Choose							
You Choose							

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