



Movin' and Munchin' Schools INDIVIDUAL RECORD



School Name _____ Teacher _____ Grade _____ Start Date _____

STUDENT NAME _____ DATE _____ TO _____

WEEK _____	ACTIVITIES AND DURATION	MOVIN' MILES
DAY ONE		
DAY TWO		
DAY THREE		
DAY FOUR		
DAY FIVE		
DAY SIX		
DAY SEVEN		
INDIVIDUAL TOTAL FOR WEEK		

PARENT'S SIGNATURE _____