

Name _____

Personal Physical Activity Plan

60 Minutes of Physical Activity Every Day!

List the physical activities you plan to do and length of time you will spend doing the activity. Did you complete the activity? Mark Yes or No.

ACTIVITY Monday	Time Spent	Complete Yes/No	ACTIVITY Tuesday	Time Spent	Complete Yes/No
ACTIVITY Wednesday	Time Spent	Complete Yes/No	ACTIVITY Thursday	Time Spent	Complete Yes/No
ACTIVITY Friday	Time Spent	Complete Yes/No	ACTIVITY Saturday	Time Spent	Complete Yes/No
ACTIVITY Sunday	Time Spent	Complete Yes/No	ACTIVITY Additional Ideas	Time Spent	Complete Yes/No