

Name: \_\_\_\_\_

SLP Advisor initials: \_\_\_\_\_

# Monthly Fitness Log

Month: \_\_\_\_\_ from the 16<sup>th</sup>-15<sup>th</sup>

In each box, please list the **date**, **activity** you completed, and the **time** spent on that activity.

	Sunday	Monday	Tuesday	Weds.	Thursday	Friday	Saturday
Week 1	—	—	—	—	—	—	—
Week 2	—	—	—	—	—	—	—
Week 3	—	—	—	—	—	—	—
Week 4	—	—	—	—	—	—	—
Week 5	—	—	—	—	—	—	—

**Monthly Fitness Test** – this **MUST** be completed once a month to be considered satisfactory

\_\_\_\_ (# of push-ups completed without stopping)

\_\_\_\_ (# of sit-ups completed in 1 min.)

\_\_\_\_ (1 mile run time)

Parent signature: \_\_\_\_\_