








MINDSET FOR HEALTH

Fill in the chart with the number for each day.








	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	TOTAL
MINUTES OF READING 								
FRUITS OR VEGETABLES 								
POSITIVE COMMENTS 								
SIT-DOWN MEALS 								
HOURS OR LESS OF MEDIA 								
HOUR OF VIGOROUS EXERCISE 								
SUGARY DRINKS 								

I have completed 1 hour of volunteering by: _____

Parent Signature: _____ Student Signature: _____

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