



One-Week Challenge /30

Complete the following chart with a plan for your One Week Challenge.
/7

| | Activity | Time of Day | Duration |
|-----------|----------|-------------|----------|
| Day One | | | |
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| | | | |
| Day Two | | | |
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| Day Three | | | |
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| | | | |
| Day Four | | | |
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| | | | |
| Day Five | | | |
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| | | | |
| Day Six | | | |
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| | | | |
| Day Seven | | | |
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| Checklist: Does your One-Week Challenge meet all of the following requirements? | |
| 60 Minutes/Day of Moderate-to-Vigorous-Intensity Activity | |
| Vigorous Activity 3 times/week | |
| Muscle and Bone Strengthening Activity 3 times/week | |

Use the following table to chart your progress for your One Week Challenge. You may find as you progress through the week your initial plan may change based on your likes and dislikes. /7

| Start Date mm/dd: | Activity | Time of Day | Duration | Place a checkmark next to the activities that meets the requirements below | | |
|-------------------|----------|-------------|----------|--|-----------------------------|---|
| | | | | 60 Min Moderate to Vigorous (daily) | Vigorous Activity (3x/week) | Muscle and Bone Strengthening (3x/week) |
| Day One | | | | | | |
| | | | | | | |
| Day Two | | | | | | |
| | | | | | | |
| Day Three | | | | | | |
| | | | | | | |
| Day Four | | | | | | |
| | | | | | | |
| Day Five | | | | | | |
| | | | | | | |
| Day Six | | | | | | |
| | | | | | | |
| Day Seven | | | | | | |
| | | | | | | |

Complete the following questions: /16

1. How did you feel about yourself at the beginning of the one-week challenge?

2. How did you feel about yourself at the end of the one-week challenge?

3. Did you notice any changes in your energy levels throughout the week?

4. Did you notice any changes in your sleep patterns throughout the week?

5. Did you have any difficulty fitting in the minimum 60 minutes of moderate to vigorous activity each day?

6. What were some obstacles that you had to overcome to complete the challenge?

7. Do you feel confident that you could continue this challenge for the next week? Month? Year?

8. What are some changes that you could make in order to adapt the program to better suit your schedule or interests?

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| /30 | Teacher Feedback | |
|-----|---------------------|--|