



## Spirit of Healthy Kids School Program Student Activity Sheet

**Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Physical Activity							
Day	Activity	Minutes	Parent Initial	Day	Activity	Minutes	Parent Initial
1				8			
2				9			
3				10			
4				11			
5				12			
6				13			
7				14			

Reading							
Day	Book Title	Minutes	Parent Initial	Day	Book Title	Minutes	Parent Initial
1				8			
2				9			
3				10			
4				11			
5				12			
6				13			
7				14			

Describe the Healthy Choices You Make and How You Choose to Give Back and Be Kind							
Day	Healthy Choices/ Kindness	Minutes	Parent Initial	Day	Healthy Choices/ Kindness	Minutes	Parent Initial
1				8			
2				9			
3				10			
4				11			
5				12			
6				13			
7				14			

Please include activities related to philanthropy (giving back and acts of kindness) Healthy Eating, Injury Prevention, Tobacco & Vape Reduction, Dental Health, and Mental Wellness.