



GRADUATION TRANSITION

Daily Physical Activity DPA

STUDENT **STUDENT #** **GRADE** **SCHOOL YEAR** **SEMESTER**

Physical Activity Log (Must demonstrate a minimum of 150 min/week)

WEEK	DATE	ACTIVITY(S)	MINUTES	PROGRESS REVIEW
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

The physical activities I most enjoy and will probably continue to pursue after graduation include..... (fill in extras if needed)

Individual Activities	✓	Group Activities	✓	Team Sports	✓
Walking		Jazzercise/Aerobics		Basketball	
Cycling		Racquet Ball		Hockey	
Yoga/Meditation		Tennis		Soccer	
Lifting Weights/Gym		Fitness Classes at the Recreation Centre		Rowing	
Jogging				Lacrosse	
Swimming					

Please feel free to add any additional pages that you may need.

A healthy lifestyle is one that focuses on all areas of health. What strategies and/or plans do you have to maintain a healthy lifestyle after graduation? Fill in the following spaces with your ideas on each topic.

Nutritional Habits:

Regular Exercise:

Positive Health Choices: (eg. emotional health, stress management, healthy relationships, road safety, substance use)

Who can help you develop a healthy lifestyle (individuals/organizations/community groups) should you need assistance?

STUDENT SIGNATURE: _____ DATE: _____

I will ensure that my son/daughter will demonstrate an average of 150 minutes of physical activity per week, throughout the

school year. PARENT SIGNATURE: _____ DATE: _____

GRADUATION TRANSITION COORDINATOR: _____

You may attach extra documentation if needed.