TOOLKIT

Appendix A

Monday	Tuesday	Wednesday	Thursday	Friday
ELP Led				
Number of Minutes:				
Location:	Location:	Location:	Location:	Location:
What Activities:				
Active Free Play				
Number of Minutes:				
Location:	Location:	Location:	Location:	Location:
What Activities:				
Coordination 1.				
2.	2.	2.	2.	2.
Locomotion	Locomotion	Locomotion	Locomotion	Locomotion
Balancing	Balancing	Balancing	Balancing	Balancing

Additional Comments (i.e. Weather conditions, special events, etc.):

Please use this template for planning your weekly physical activity. **Tick off or circle** what was completed. Cross out what was not completed and if possible, state the alternative. This will be submitted to your co-ordinator every two weeks.

* OD = Outdoors ID= Indoors

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