

PHE: Physical Literacy (PL) and Daily Physical Activity (DPA) Journal

Name: _____ Month: _____

Date:	Activities/Games Performed – Components of Fitness / Skills and/or Strategies Developed:	Minutes:	Check One:	
			DPA Only	PL and DPA
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
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24				
25				
26				
27				
28				
29				
30				
31				

Physical Literacy Skills / Fitness Categories – Check Skills Developed This Month

<p>Movement Skills and Strategies:</p> <input type="checkbox"/> Throwing/Passing <input type="checkbox"/> Dribbling <input type="checkbox"/> Passing <input type="checkbox"/> Kicking <input type="checkbox"/> Catching <input type="checkbox"/> Striking/Hitting A Ball <input type="checkbox"/> Jumping <input type="checkbox"/> Balancing <input type="checkbox"/> Defensive strategies <input type="checkbox"/> Offensive strategies <input type="checkbox"/> Other: _____	<p>Games (involving rules, challenge, social interaction):</p> <input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Ice, Ball, or Floor Hockey <input type="checkbox"/> Tag <input type="checkbox"/> Aboriginal Traditional Games <input type="checkbox"/> Other Team Game: _____	<p>Individual / Dual:</p> <input type="checkbox"/> Jumping rope <input type="checkbox"/> Swimming <input type="checkbox"/> Running <input type="checkbox"/> Bicycling <input type="checkbox"/> Hula Hoop <input type="checkbox"/> Skating <input type="checkbox"/> Martial Arts <input type="checkbox"/> Hiking <input type="checkbox"/> Circuit / Weight Training <input type="checkbox"/> Yoga / Pilates <input type="checkbox"/> Other:
<p>Components of Fitness:</p> <input type="checkbox"/> Cardiorespiratory <input type="checkbox"/> Muscular Strength/Endurance <input type="checkbox"/> Flexibility	<p>Rhythmic Activities (designed to move our bodies in rhythm):</p> <input type="checkbox"/> Dancing <input type="checkbox"/> Gymnastics <input type="checkbox"/> Zumba / Aerobics <input type="checkbox"/> Other: _____	

Required Student Self-Evaluation:
 I think I earned a/an _____ (letter grade) because
 Something I want to try, a skill I'd like to develop, or an area of fitness I'd like to improve is _____
 Evidence Included: (photos, badges, certificates): _____

Required Home Facilitator/Coach Evaluation (Completed by: _____)

- **Effort in Skill Development:** (circle or highlight one)
 Superior – Satisfactory – Improvement Needed
- **Safety / Fair Play:** (circle or highlight one) Superior - Satisfactory – Improvement Needed
- **Optional – Leadership shown in/by:** _____

Teacher Evaluation: (Your Teacher Will Complete This Section)

	Physical Literacy Categories	Weekly Time On Developing Specific Skills	Evaluations / Evidence
A	3 – 4 categories	Avg. 2 + hours over 3 or more days	<input type="checkbox"/> Evidence Submitted <input type="checkbox"/> Evaluations Complete
B / C+	2 – 3 categories	Avg. 1.5 + hours over 3 or more days	
C / C-	1 – 2 categories	Avg. 1 + hours over 2 or more days	
I / F		Less than 1 hour	<input type="checkbox"/> No evidence submitted <input type="checkbox"/> Evaluations incomplete

Daily Physical Activity:

 Requirements Met: 30 min/day x 5 days/week
 Requirements Not Met: Under 30 min/day x 5 days/week

OVERALL MARK /10
 (A: 9 - 10 B: 7.5 – 8.5 C+: 7
 C: 6 – 6.5 C-: 5 – 5.5 I/F: 0-4.5)