



Graduation Transitions
PERSONAL HEALTH
 ENGAGE IN 80 HOURS OF MODERATE TO INTENSE PHYSICAL ACTIVITY

Name: _____
 Date: _____, 20 ____ Grade: 10 11 12
 Teacher: _____

YOU MUST COMPLETE ALL FIVE CRITERIA

CRITERIA #1 AND #2

Level of activity performed:

- Moderate Vigorous Adapted

Type of activity: Check one or more of the following:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Weight Training | <input type="checkbox"/> Dance | <input type="checkbox"/> PE 11, PE 12 |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Swimming | <input type="checkbox"/> Sport: _____ |
| <input type="checkbox"/> Running/Cardio | <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Sport: _____ |
| <input type="checkbox"/> Yoga/ Pilates | <input type="checkbox"/> PE Grade 12 | |
| <input type="checkbox"/> Other: (describe) _____ | | |

****Total hours:** _____ (80 hours is the MINIMUM REQUIREMENT)

CRITERIA #3

Attach a detailed *Physical Activity Log* showing dates and times.

CRITERIA #4 ACTIVITY SUMMARY (use another page if more space required)

Date	Level of activity (Moderate/Vigorous/ Adapted)	Description Of Activity	Number of Hours completed	Contact information of coaches/supervisor (name, position and phone)



CRITERIA #5

Describe the impact of the activity on personal health or lifestyle choices:

1. How can you adapt your lifestyle to increase the amount of physical activity that you do in a day? _____

2. Describe the benefits of physical activity.

3. Make a list of activities that you would like to pursue that would help you achieve a healthy lifestyle.

FURTHER REFLECTIONS:

Additional reflections/observations:

Criteria completed: #1 #2 #3 #4 #5

Teacher's signature: _____

Date: _____

