



Personal Physical Activity Plan

Name _____ Date _____ Class _____

Physical Activity		Frequency of Activity	Estimated Time (in Minutes)	Risk Factor Rating (RFR)	Safety Checklists Included
<i>Examples:</i>	Indoor Soccer	3 practices + 1 game per week		2	✓
	Inline Skating	5 days—to and from school		2	✓
Student Comments:					
Teacher Comments:					

Teacher Signature

Parent/Guardian Signature

Date

The teacher's and parent's/guardian signature is an acknowledgement of the following:

- The student has met the criteria for formulating his or her personal physical activity plan.
- The student has demonstrated an understanding of how to manage risk and take appropriate steps to participate safely in physical activity.
- The student and parents/guardian are aware of the safety guidelines information and associated responsibilities for discussion with and approval by his or her parent/guardian.