Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Topic / Skill I Learn in PE Today | My Personal Engagement | | | What values did I learn today? | How can I apply it in my life? |
|  |  | Very  Active | Not So  Active | Not Active at  All |  |  |
|  |  | Very  Active | Not So  Active | Not Active at  All |  |  |
|  |  | Very  Active | Not So  Active | Not Active at  All |  |  |