











Turn Off the Screens Tracking Sheet

Name: _____

School: _____

Grade: _____

Draw or write about how you got active.

 MONDAY	 TUESDAY	 WEDNESDAY	 THURSDAY	 FRIDAY
<p>I was screen-free today!</p> <input data-bbox="317 1166 386 1227" type="checkbox"/>	<p>I was screen-free today!</p> <input data-bbox="695 1166 764 1227" type="checkbox"/>	<p>I was screen-free today!</p> <input data-bbox="1094 1166 1163 1227" type="checkbox"/>	<p>I was screen-free today!</p> <input data-bbox="1486 1166 1556 1227" type="checkbox"/>	<p>I was screen-free today!</p> <input data-bbox="1885 1166 1955 1227" type="checkbox"/>
<p>I used 30 minutes of screen-time today.</p> 	<p>I used 30 minutes of screen-time today.</p> 	<p>I used 30 minutes of screen-time today.</p> 	<p>I used 30 minutes of screen-time today.</p> 	<p>I used 30 minutes of screen-time today.</p> 

Please return this Tracking Sheet to your teacher