

Name _____

Must be handed in on: Library day

Classroom Teacher _____

List below the activities you did each day instead of watching television!

MY TV TURNOFF LOG

April 9th _____

April 10th _____

April 11th _____

April 12th _____

April 13th _____

April 14th _____

April 15th _____

Parent or Guardian Signature: _____

Minimum Requirement: At least one activity per day!