

Student Tracker



CHECK WEEK: 1 2

STUDENT'S FIRST NAME

GRADE

Day 1

Day 2

Day 3

Day 4

Day 5

Try for 5: Check a box for each fruit or veggie you tried each day.

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5

Move More: Check the box if you moved more to feel good each day.

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