

Name: _____

Master Minutes

Day 1 Date: _____
Minutes: _____
Activity: _____

Day 2 Date: _____
Minutes: _____
Activity: _____

Day 3 Date: _____
Minutes: _____
Activity: _____

Day 4 Date: _____
Minutes: _____
Activity: _____

Day 5 Date: _____
Minutes: _____
Activity: _____

Day 6 Date: _____
Minutes: _____
Activity: _____

Day 7 Date: _____
Minutes: _____
Activity: _____

Parent Signature: _____

Total Days This Week: _____

Name: _____

Master Minutes

Day 1 Date: _____
Minutes: _____
Activity: _____

Day 2 Date: _____
Minutes: _____
Activity: _____

Day 3 Date: _____
Minutes: _____
Activity: _____

Day 4 Date: _____
Minutes: _____
Activity: _____

Day 5 Date: _____
Minutes: _____
Activity: _____

Day 6 Date: _____
Minutes: _____
Activity: _____

Day 7 Date: _____
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