***Standing Preschools Project* Activity monitor log**

Name of child:…………………………………. Child ID Number………………………….

Please **shade** in the times that the activity monitors were **ON**.

During the times the monitors were OFF, please indicate what your child was doing and the time the monitor was OFF. Please indicate any time spent swimming, bicycling, or playing on a trampoline. Please also indicate if only one monitor was removed and which one.

EXAMPLE

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Time |  |  |  | Time | Day One | Day Two | Day Three | Day Four |
|  | M-1 |  |  |  | M-1 |  |  |  |  |
|  | 1-2 |  |  |  | 1-2 |  |  |  |  |
|  | 2-3 |  |  |  | 2-3 |  |  |  |  |
|  | 3-4 |  |  |  | 3-4 |  |  |  |  |
|  | 4-5 |  |  |  | 4-5 |  |  |  |  |
| AM | 5-6 |  |  | AM | 5-6 |  |  |  |  |
|  | 6-7 |  |  |  | 6-7 |  |  |  |  |
|  | 7-8 | ON |  |  | 7-8 |  |  |  |  |
|  | 8-9 |  |  |  | 8-9 |  |  |  |  |
|  | 9-10 |  |  |  | 9-10 |  |  |  |  |
|  | 10-11 |  |  |  | 10-11 |  |  |  |  |
|  | 11-N |  |  |  | 11-N |  |  |  |  |
|  | N-1 |  |  |  | N-1 |  |  |  |  |
|  | 1-2 |  |  |  | 1-2 |  |  |  |  |
|  | 2-3 |  |  |  | 2-3 |  |  |  |  |
|  | 3-4 |  |  |  | 3-4 |  |  |  |  |
|  | 4-5 | BATH OFF |  |  | 4-5 |  |  |  |  |
| **PM** | 5-6 | ON |  | **PM** | 5-6 |  |  |  |  |
|  | 6-7 |  |  |  | 6-7 |  |  |  |  |
|  | 7-8 |  |  |  | 7-8 |  |  |  |  |
|  | 8-9 | BEDOFF |  |  | 8-9 |  |  |  |  |
|  | 9-10 |  |  |  | 9-10 |  |  |  |  |
|  | 10-11 |  |  |  | 10-11 |  |  |  |  |
|  | 11-M |  |  |  | 11-M |  |  |  |  |
| Time SwimmingEg 3:00 to 3:30pm |  |  |  |  |  |  | 1 hr |
| Time Riding a Bike |  |  |  |  |
| Time playing on trampoline |  |  |  |  |