

Take A Health Leap

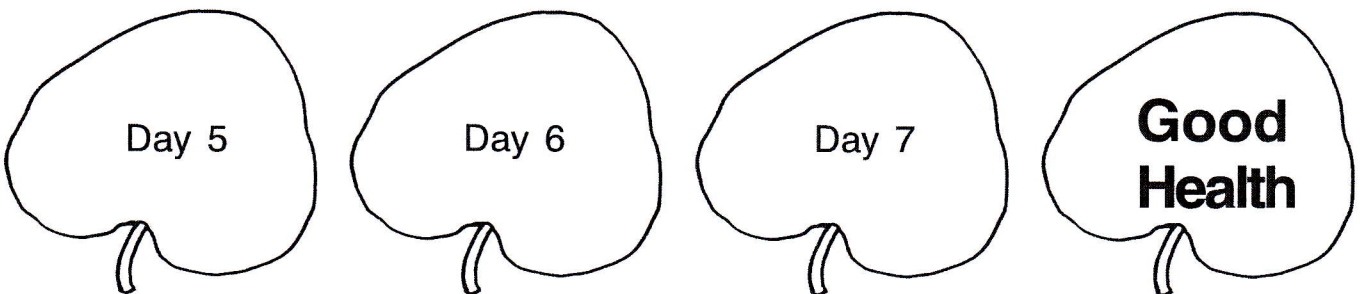
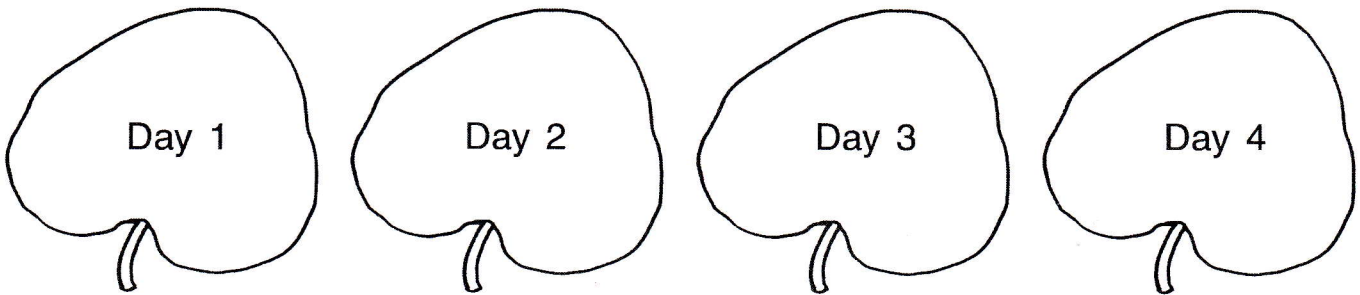
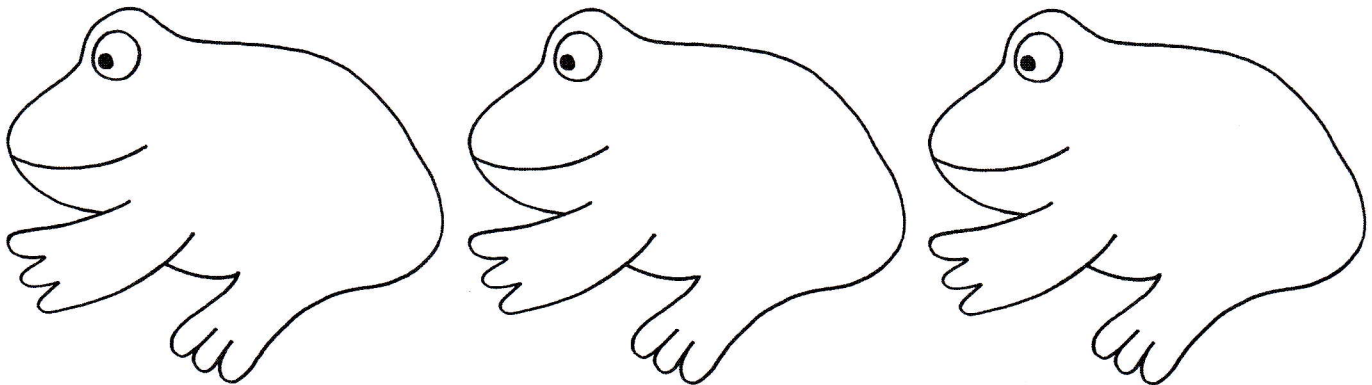
Name: _____

Date: _____

Parent Signature: _____

Parents: Help your child decide on three things that they can do each day that will help them stay healthy and strong. Help them to develop personal responsibility for their bodies by asking them, from time to time, how they are doing on their TAKE A HEALTH LEAP game, but encourage them to do the activity on their own.

On the frogs, list three things you can do each day to stay healthy. Color in a lily pad each day that you follow the routine. How long does it take you to reach GOOD HEALTH?



The date I started: _____

The date I reached GOOD HEALTH: _____

Objective: To practice daily routines for staying healthy