## Care About Walking

| My Name |  |
| :--- | :--- |
| My Goal |  |


| Week <br> Commencing: | Number of steps <br> walked today: | Where did you go walking today? |
| :--- | :--- | :--- |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  | WELL DONE! You have completed this week's movement activities. <br> Remember to put a new poster on your wall for next week. |
| Sunday |  |  |
| Total number of steps <br> walked this week |  |  |
| What did you like about <br> your walks this week? |  |  |

