



Healthy Habit Record

Name: _____ Week: _____

What are your goals for this week?	Place an "X" on the days you reached your goal							Did you meet your goal?
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
I will watch no more than _____ minutes of TV _____ times this week.								YES NO
I will be active for at least _____ minutes _____ times this week.								YES NO
I will walk at least _____ steps _____ times this week.								YES NO
I will complete my "Energy In" & "Energy Out" records for at least _____ days.								YES NO
I will practice "I feel", "I need", and "Would you please" statements _____ times this week. (Week 2 and after)								YES NO
My own goal:								YES NO
My own goal:								YES NO

LEAP Family Contract:

We agree that if we ALL meet at least 4 of our goals, we ALL receive our rewards.

NAME: _____ REWARD: _____

NAME: _____ REWARD: _____

NAME: _____ REWARD: _____