

Name _____

RECHARGE Daily

My *fit* Challenge:

I will skip the screens!

Mark the days you unplug and relax without a screen. Will you read, draw, rest, write, or do puzzles?

Mon	Tue	Wed	Thu	Fri	Sat	Sun
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RECHARGE Tracker

Fill in a square each time you do a RECHARGE activity.
Write or draw what you did to RECHARGE your energy.

Day/Time: _____	Day/Time: _____	Day/Time: _____	Day/Time: _____	Day/Time: _____
Day/Time: _____	Day/Time: _____	Day/Time: _____	Day/Time: _____	Day/Time: _____

