

Week 1

My HIP HOP Weekly Tracker



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Totals
Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Activity-Hours: _____
Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruits and Vegetables: _____
Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____

HIP HOP Progress Tracker

Teacher's Name: _____

Student: _____

Grade: _____

As part of this monthly challenge, we are asking parents to fill out the information below so we can follow up with you on the usefulness of the kit. It also gives us permission to use any pictures taken to promote this program.

Name

Phone number

Email

Pictures Yes/No

Signature:

Tracking forms also available on www.gvhp.org!

Week 2

My HIP HOP Weekly Tracker



HIP HOP Progress Tracker

Teacher's Name: _____

Student: _____

Grade: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Totals
Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Activity-Hours: _____
Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruits and Vegetables: _____
Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____

Fruits and Vegetables:

What is one serving?

Vegetables: In general, 1 cup of raw or cooked vegetables or 100% vegetable juice, or 2 cups of raw leafy greens can be considered as 1 cup from the vegetable group

Fruits: One cup of fruit or 100% fruit juice, or ½ cup of dried fruit can be considered as 1 cup from the fruit group. *Many juice beverages are not 100% juice. Check the ingredient listing to make sure you're getting all juice without added sugars such as corn syrup.*

Go to www.fruitsandveggiesmatter.gov if you are interested in more information!

Daily/Weekly Goals Are:

1 hour of physical activity a day or more for all kids, including time spent in PE. The hour does not have to be all at once. 7 hours a week or more would be the goal.

5 servings of fruits and vegetables each day. A total of 35 servings is the goal for the week. See also www.mypyramid.gov for serving information

2 hours or less of screen time: Phones, TV, computer, video games are all included in screen time, except as required for school. 14 hours or less is the goal for the week.

Tracking forms also available on www.gvhp.org!

Week 3

My HIP HOP Weekly Tracker



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Totals
Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Activity-Hours: _____
Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruits and Vegetables: _____
Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____

HIP HOP Progress Tracker

Teacher's Name: _____

Student: _____

Grade: _____

Beverage Information:

Eliminating sugary drinks like non-diet sodas, fruit flavored drinks, and sport and energy drinks is another way to help children improve their health.

Milk Comparison 8 Ounces of...

- Whole Milk - 150 Calories - 8g Fat
- 2% Milk - 120 Calories - 4.5g Fat
- 1% Milk - 100 Calories - 2.5g Fat
- Skim Milk - 80 Calories - 0g Fat

http://pediatrics.about.com/od/milk/i/05_milk_2.htm

Daily/Weekly Goals Are:

1 hour of physical activity a day or more for all kids, including time spent in PE. The hour does not have to be all at once. 7 hours a week or more would be the goal.

5 servings of fruits and vegetables each day. A total of 35 servings is the goal for the week.

2 hours or less of screen time: Phones, TV, computer, video games are all included in screen time, except as required for school. 14 hours or less is the goal for the week.

Tracking forms also available on www.gvhp.org!

Week 4 - My HIP HOP Weekly Tracker



HIP HOP Progress Tracker

Teacher's Name: _____

Student: _____

Grade: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Week Totals
Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Physical Activity Hour/Minutes: _____	Activity-Hours: _____
Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruit and Vegetable Servings: _____	Fruits and Vegetables: _____
Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____	Screen Time: _____

Please take a moment to answer a few questions about the Fit Kit your child received at school. Your child's classroom will earn points toward the Healthy Challenge Prizes if returned by the end of the fourth week of tracking. Name of School _____

Has your child or any family member used the following items in the Fit Kits?	Y/N	Why or why not?	Do you feel the Fit Kit items helped your child or yourself to?	Y/N
Tip sheet on Limiting Screen Time			Decrease Screen time	
Tip sheet on Increasing Activity			Increase Physical activity	
Frisbee			Increase Amount of Low-fat Dairy Products Consumed	
Kickball			Increase Number of Fruits/ Vegetables they ate	
Portion plate				
Kids cookbook				
Lunch bag				
Pedometer				
Drawstring bag				
Bookmarks				
Sliders				
Activity book				
Magnet				
Water bottle				