



**STUDENT NAME** \_\_\_\_\_

WEEK #	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL MINUTES	GOAL PER WEEK	PARENT INITIALS
EX.1	15	15	30	15	15	15	15	120	120	
EX.2		45	20	20	20	15		120	120	
1/8									120	
1/15									120	
1/22									120	
1/29									120	
2/5									120	
2/12									120	
2/19									120	
2/26									120	
3/5									120	
3/12									120	
3/19									120	
3/26									120	
4/2									120	
4/9									120	
4/16									120	
4/23									120	
4/30									120	
5/7									120	

**STUDENTS WHO FULFILL THEIR CHALLENGE WILL BE TREATED TO A PIZZA PARTY WITH THE CHM FACULTY AT THE END OF THE YEAR.**