

Fit 5 Weekly Tracking

**Special
Olympics**
Michigan



ATHLETE NAME: _____ **DATE:** _____ **WEEK:** _____

HEALTH GOAL:

[illegible][illegible]

Did I Drink 5 - 16 oz Bottles of Water Today?		1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		Number of Days I Drank 5 Cups of Water ____/7		Days with Water GOAL 7 of 7		Fill in star if you drank water everyday.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No						