

SCREEN FREE TIME- YOUNG KIDS UNDER 7

Student Name: _

Age: _____

Each time you choose to turn off your screen for 15 minutes and choose a different activity without being asked, write down or check the box of what you choose to do. Once you fill in **ten** (10) screen free choices, turn in your sheet to receive an attitude stripe.

I chose:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Exercise (yoga, ride a bike, etc)							
Clean, declutter, organize							
Create art (draw, color, etc)	7						
Read a Book							
Play board game	•						
Play with your pet							
Play with toys							
Build something	Ì						
Listen to music, sing, dance	/						
Your Choice. Tell us what you did.							

Parent Signature	Date	Stripe
Instructor Signature	Date	