

Goal:

Thirty minutes of physical activity, **every day**, at **every school**, for **every child** in Georgia

School Name: _____

Monday		Tuesday		Wednesday		Thursday		Friday	
Time of Day	Brain Boosters	Time of Day	Brain Boosters	Time of Day	Brain Boosters	Time of Day	Brain Boosters	Time of Day	Brain Boosters
9:00am-9:05am	Mind In Motion								