

TV Turn Off
Week

Teacher _____

School _____

TV Watching Tracker

Record how much TV you watched during TV Turn Off Week.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ hours	_____ hours	_____ hours	_____ hours	_____ hours	_____ hours	_____ hours
_____ minutes	_____ minutes	_____ minutes	_____ minutes	_____ minutes	_____ minutes	_____ minutes

I did not watch any TV all week.

Total _____ hours

_____ minutes



_____ Parent Signature

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_____ hours	_____ hours	_____ hours	_____ hours	_____ hours	_____ hours	_____ hours
_____ minutes	_____ minutes	_____ minutes	_____ minutes	_____ minutes	_____ minutes	_____ minutes

I did not watch any TV all week.

Total _____ hours

_____ minutes



_____ Parent Signature

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Pick one day of the week and record how much TV you watched
before TV Turn Off Week.

Day of the week: _____

Hours: _____

Minutes: _____



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before TV Turn Off Week.

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