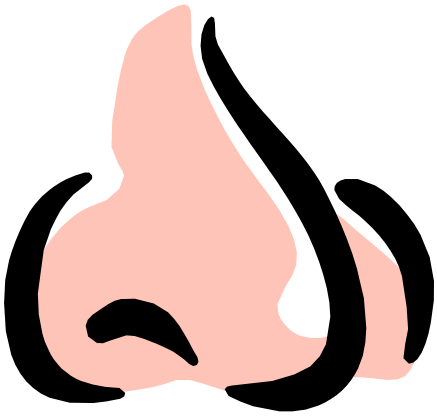
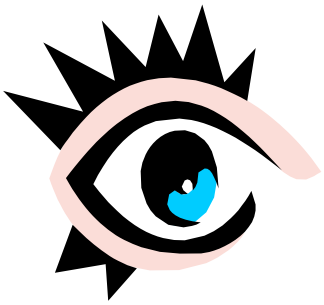
ELEMENTARY SCIENCE PROGRAM
MATH, SCIENCE & TECHNOLOGY EDUCATION

A Collection of Learning Experiences

MY BODY

My Body Student Activity Book





Name_____

This learning experience activity book is yours to keep. Please put your name on it now. This activity book should contain your observations of and results from our experiments.

When performing experiments, ask your teacher for any additional materials you may need.

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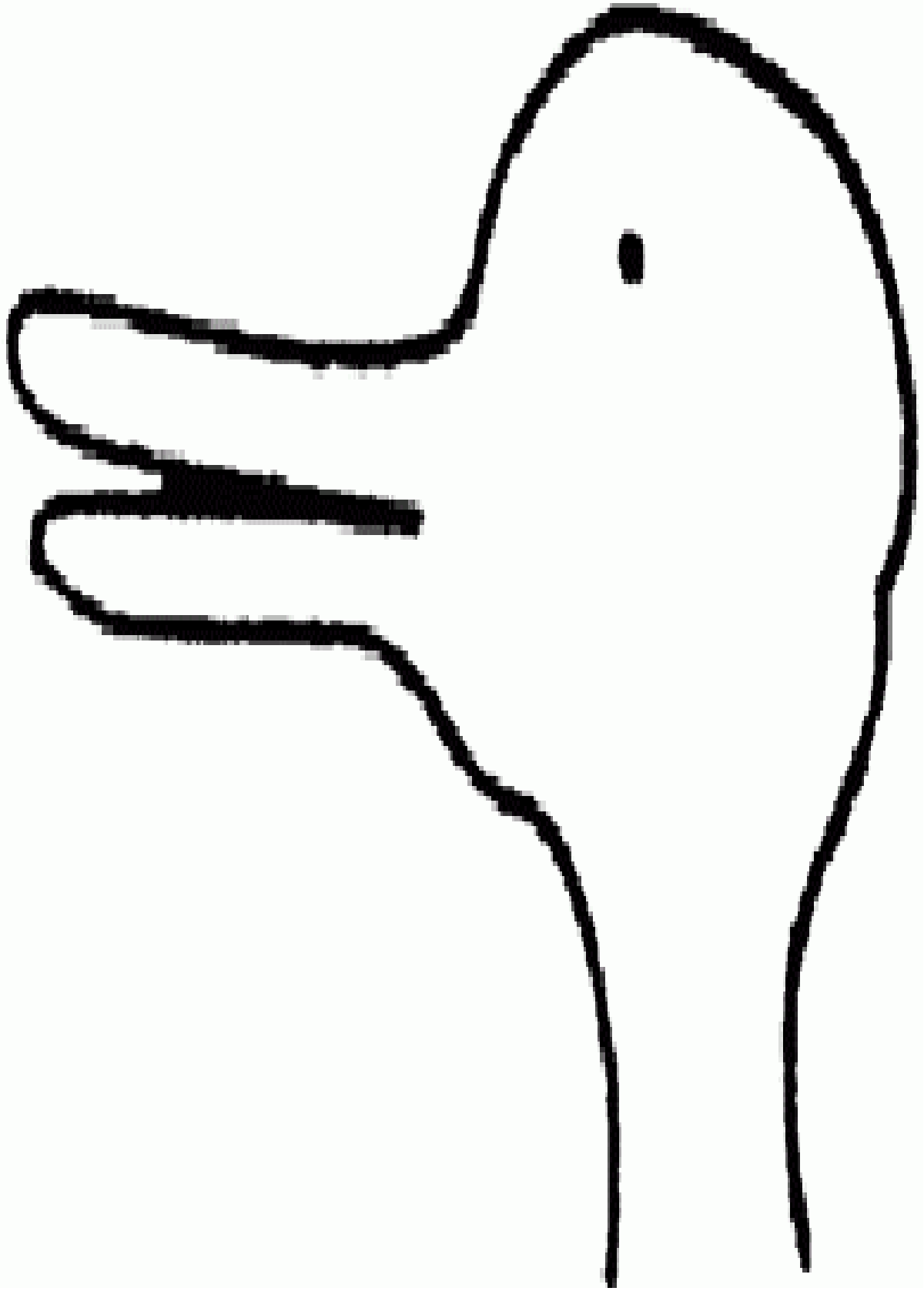
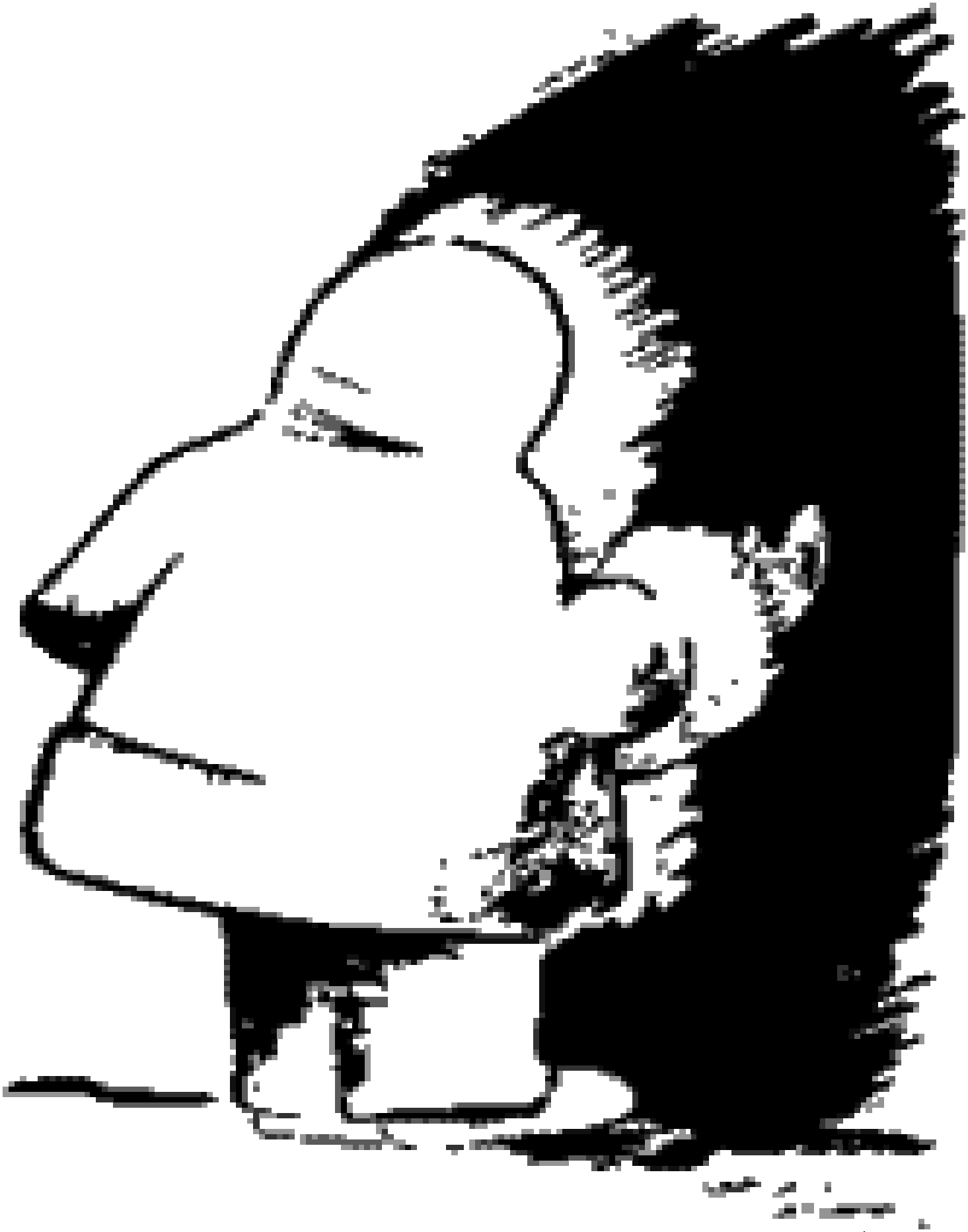
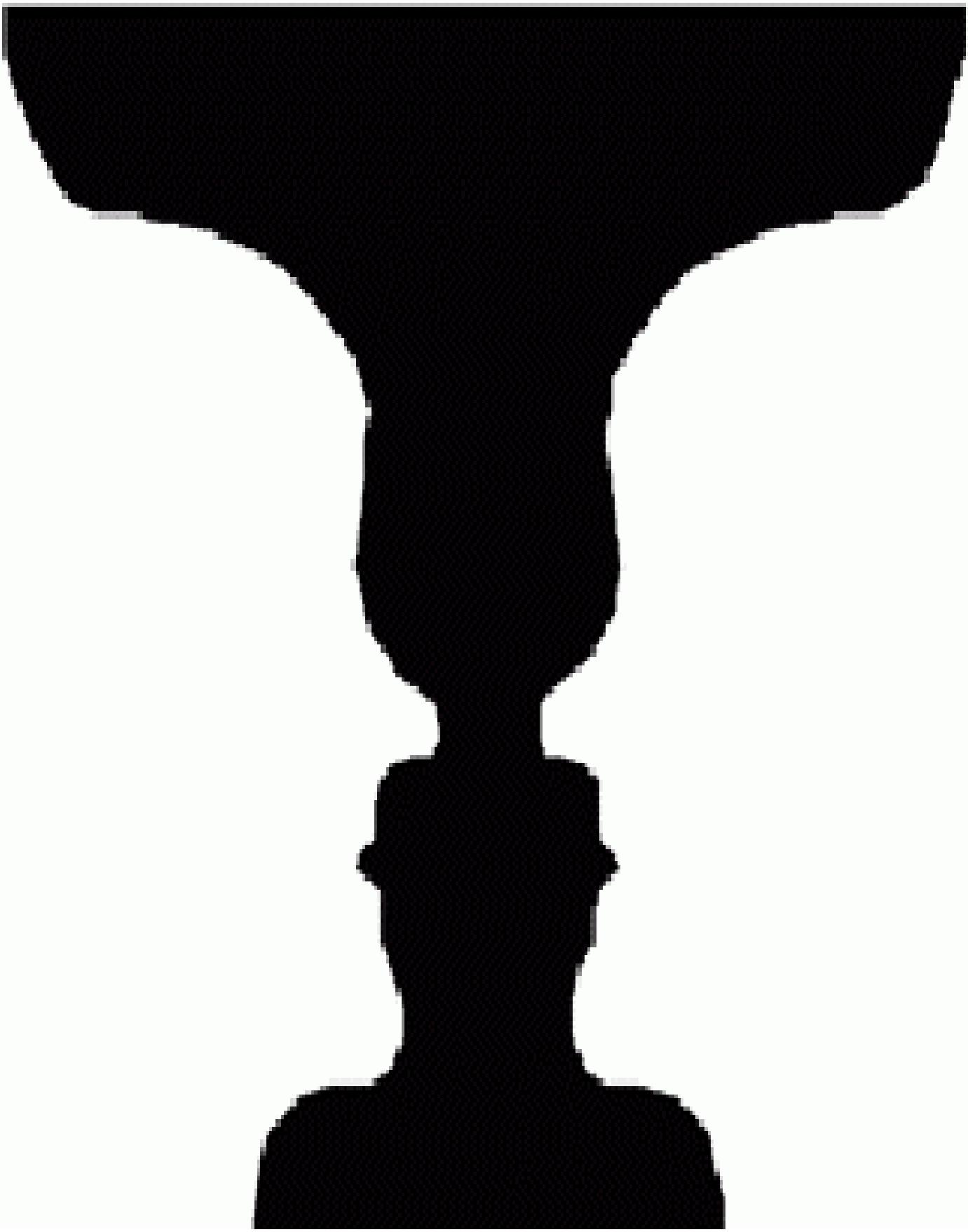
Activity Sheet for Learning Experience #5 - Sight

Name _____

Observe. Draw.







My Healthy Body Journal

By _____

_____

A healthy body needs to be clean. Check the days you take a bath.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

A healthy body needs 8-10 hours of sleep every night. I slept ….

Monday _____hours

Tuesday _____hours

Wednesday _____hours

Thursday _____hours

Friday _____hours

Saturday _____hours

Sunday _____hours

My body needs exercise to be healthy. Draw or write about exercise you do each day.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

I need to brush and floss my teeth daily. Check the days your remember.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Healthy food helps me grow big and strong. List the food you eat during the whole day. Figure out what food group each food is in.

Milk

Fruit/Vegetable

Meat/Bean/Nuts

Bread/Cereal

6

My body needs to drink 8 glasses of water everyday. List what you drink each day.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

7

This is a healthy, happy

ME

(Draw myself)