









Tracking Sheet

Complete this sheet every day you practice. Enter the date and color the appropriate cells.

Name													
Class													
Date													
What level are you on?	1 - Emerald 2 - Sapphire 3 - Fire Agate 4 - Blue Fluorite 5 - Tiger's Eye												
Which positions did you practice?	lying sitting standing on both legs standing on left leg standing on right leg												
eye patch	left eye right eye without												
How many rounds did you do?	1 round 2 rounds 3 rounds 4 rounds 5 rounds 6 rounds 7 rounds 8 rounds 9 rounds 10+ rounds												
How was the activity?	Wow, that was hard! That was a little tricky! That was just right! That was pretty easy! That was super easy!												
How do your eyes feel?	Ouch, my eyes really hurt! Oops, my eyes feel very tired! My eyes feel a little tired! My eyes feel good! My eyes feel great!												
Comments													