



TIME MANAGEMENT FORM

For the categories below that apply to you, please enter the hours per week that you will spend on that class or activity outside of school. Calculate your total weekly hours. Once your form is complete, please share it with your parent(s)/guardian(s).

SCHOOL WORK

School (for most students, this will be 36.5 = 5 days x 7.5 hours)	Est. Min Time (hours)	Est. Max Time (hours)	Est. Avg. Hours/Week
ENGLISH			
SOCIAL STUDIES			
MATH			
SCIENCE			
LANGUAGE			
ELECTIVES			
TOTAL			

DAILY LIVING ACTIVITIES

	Est. Avg. Hours/Week
SLEEP	
NECESSITIES (Eating, Showering, Chores)	
FAMILYTIME	
FREETIME (Friends, Phone, Social Media, Internet, Video Games, Reading, Etc...)	
COMMUTING & TRAVELING	
TOTAL	

EXTRACURRICULARS

	Est. Min Time (hours)	Est. Max Time (hours)	Est. Avg. Hours/Week
PAID JOB			
HOBBIES/INTERESTS			
COMMUNITY SERVICE			
SPORTS			
CLUBS			
MUSIC/ PERFORMANCES			
TOTAL			

American Academy of Pediatrics recommends 8-10 hours of sleep per night.



WEEKLY TOTAL

SCHOOL WORK	
EXTRACURRICULARS	
DAILY LIVING ACTIVITIES	
YOUR TOTAL	



YOUR TOTAL HOURS = _____ of 168 hours **

**Maximum Possible Hours per Week (7 days x 24 hours) = 168