STUDENT NAME: _____   ID: _____   HOUSE: _____

INDEPENDENT STUDY IN PHYSICAL EDUCATION

ACTIVITY RECORD

REVISED August 2014

- **OFFICE USE ONLY** -

Activity Record reviewed by _____on_____, 20_____.

Grade Earned   **PASS**   **/**   **FAIL (due to the following reason(s))**

_____

_____

_____

_____

_____   _____
Reviewer Signature   Date

Important Dates

Attendance and performance, and activity records must be submitted to the administrator in charge no later than 1 week prior to the end of the semester for which you have been approved. Failure to complete and/or turn in on time will result in a **Fail** for the semester.   2019/2020   Semester 1   December 13, 2019
                                                                                    Semester 2   June 3, 2020

ATTENDANCE AND PERFORMANCE RECORD
(To be completed by outside activity Instructor/Coach)

Please print or type all information clearly.

_____	_____	_____
Student Last Name	Student First Name	Student I.D. #
_____	_____ _____	_____
School	Grade Age	Current Date
_____	2019 - 2020	1 / 2 .
Sport/Activity	School Year	Semester (circle one)

Sport Description:

Objectives: The student will…

Evaluation Mode:

1.   2.

Total Number of Hours: _____
(200 minutes per week minimum)

Coaches Comments: _____

_____

_____

_____

_____

_____

_____

Grade Earned: PASS: _____   FAIL: _____

_____   _____
Coaches Signature   Parent Signature

_____   _____
Student Signature   Teacher/ISEP Administrator Signature

<u>ACTIVITY RECORD (pg. 1)</u>

Student Last Name   Student First Name   Student I.D. #

School   Grade   Age   Current Date

<u>2019 - 2020</u>   <u>1</u> / <u>2</u> .

Sport/Activity   School Year   Semester (circle one)

DATE	ACTIVITY	BEGIN TIME	END TIME	HOURS
		Total Hours		

"I affirm that the above record of participation is accurate t the best of my knowledge."

_____   _____

Supervisor Printed Name   Date

_____   _____

Supervisor Signature   Date

ACTIVITY RECORD (pg. 2)

_____   _____   _____
Student Last Name   Student First Name   Student I.D. #

_____   _____   _____   _____
School   Grade   Age   Current Date

_____   2019 - 2020   1 / 2 .
Sport/Activity   School Year   Semester (circle one)

DATE	ACTIVITY	BEGIN TIME	END TIME	HOURS
		Total Hours		

"I affirm that the above record of participation is accurate t the best of my knowledge."

_____   _____
Supervisor Printed Name   Date

_____   _____
Supervisor Signature   Date