

***Santa Monica-Malibu School District
Lincoln Middle School
Independent Study in Physical Education (ISPE) – Student Activity Log***

Student Name: _____ ID: _____ Grade: _____

Date: _____ School Year: _____ Semester *(circle one)*: **Fall** **Spring**

Name of Fitness Organization: _____

Address/Location of Organization: _____

Instructor/Coach: _____

Contact Number: _____ Email: _____

Description of Activities: _____

	Mon.	Tue.	Wed.	Thur.	Fri.		<i>Instructor Initials</i>
Dates:	_____	_____	_____	_____	_____	Number of Minutes:	_____
Dates:	_____	_____	_____	_____	_____	Number of Minutes:	_____
Dates:	_____	_____	_____	_____	_____	Number of Minutes:	_____
Dates:	_____	_____	_____	_____	_____	Number of Minutes:	_____
Dates:	_____	_____	_____	_____	_____	Number of Minutes:	_____
Dates:	_____	_____	_____	_____	_____	Number of Minutes:	_____
Dates:	_____	_____	_____	_____	_____	Number of Minutes:	_____

Record total minutes for the grading period. Total: _____

Instructor Signature

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

The ISPE Student Activity Log was reviewed and a grade of _____ was recorded.

Administrator Signature: _____ Date: _____