

Independent Study - Physical Education

PERFORMANCE EVALUATION REPORT

Student Information	
Student's Name:	Date:
School:	Grade:
Sport/Activity:	Group Affiliation:

Grade/Hours Verification: I certify that the above student has received _____ hours of instruction time between the dates of _____ and _____. This instruction time meets or exceeds the time requirements established by law and/or District policy. (The minimum requirement is 3.5 hours per week.)

Grade Issued: Pass Fail

Has this evaluation been discussed with the student and parent/guardian? Yes No

Please address the student's performance in each of the following areas: be as complete and specific as possible.

- Describe the student's progress toward successful completion of midyear and year-end goals aligned with the California Physical Education Standards:

- The student's work and effort during the evaluation period have been (please check one)

Outstanding
 Satisfactory
 Needs Improvement
 Unsatisfactory

Additional Comments: _____

Coach Instructor Name: _____ Date: _____

Coach/Instructor Signature: _____ Date: _____

Certificated Teacher Signature: _____ Date: _____

Must be submitted 5 days before the end of each grading period. Missing or late evaluations may result in forfeiture of the privilege of the program. There will be no reminder notices sent to the student.

Please Retain a Copy for Your Records