



Independent Study - Physical Education

EDUCATION PLAN

Student Name (page 2)

Page 2 Independent Study Individual Plan

d. Please list a minimum of three mid year goals which are aligned with the *California Physical Education Standards* (included in the packet):

e. Statement or list of daily activities by which the student will achieve the midyear and year-end goals:

Name of coach, trained specialist, instructor: _____

Title: _____

Credentials/Qualifications: _____

Plan completed by: _____ Date: _____

Student's Signature: _____ Date: _____

Parent Guardian Signature: _____ Date: _____

Coach / Instructor Signature: _____ Date: _____

Plan Approved by Certification Teacher: Yes No

Signature of Certificated Teacher: _____ Date: _____

Please Retain a Copy for Your Records