





**Independent Study - Physical Education**

**EDUCATION PLAN**

**Student Name (page 2)**

Page 2 Independent Study Individual Plan

- d. 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**