

# OFF-CAMPUS PHYSICAL EDUCATION LESSON PLAN (3 WEEKS)

STUDENT \_\_\_\_\_

FALL

SPRING

FACILITY \_\_\_\_\_

START DATE \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

END DATE \_\_\_\_\_

	DATE	HOURS	LEARNING OBJECTIVE (TEKS)	SKILL/ACTIVITY
SUN				
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				
MON				
TUE				
WED				
THU				
FRI				
SAT				

**EMAIL COMPLETED FORM EVERY 3 WEEKS TO: [OCPE@PEARLANDISD.ORG](mailto:OCPE@PEARLANDISD.ORG)**