



Health: (Include HIV/AIDS, alcohol/drug/tobacco abuse, arson prevention, fire/traffic/highway/bicycle safety education)	Grade/Evaluation: _____ # Hours: _____

Physical Education:	Grade/Evaluation: _____ # Hours: _____

Music:	Grade/Evaluation: _____ # Hours: _____

Practical Arts:	Grade/Evaluation: _____ # Hours: _____

Library Skills:	Grade/Evaluation: _____ # Hours: _____

Plan for Annual Assessment (to be submitted no later than third quarter)

Test Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Individual Providing Instruction

\_\_\_\_\_  
Date of Quarterly Report Submittal

\_\_\_\_\_  
School District Personnel Receipt

\_\_\_\_\_  
Date of Quarterly Report Receipt