

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 and/or Art:	Grade/Evaluation: _____ # Hours: _____

Electives:	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