

**School
Address**

Phone#

2013-2014

Private Physical Education Documentation Form

Student Name: _____ Activity: _____

Facility: _____ Instructor: _____

Assigned Number Grade (A=90-100, B=80-89, C=75-79, D=70-74, F= below 70)

Grading period ending (**circle one**) 9/13 (Due 9/11) 10/4(Due 10/2) **10/18** (Due 10/15) 11/08 (Due 11/06) 12/06 (Due 12/03) **12/20** (Due 12/16)

This form must be completed by facility official or the instructor and returned to _____ School in a sealed envelope with the official signature across the flap. Alternatively, this form may be faxed to the counselor listed below at _____ or the appropriate information e-mailed to the email address listed..

Counselor: _____ Email address: _____@conroeisd.net

Date of Instruction	Hours for Day	Instructor's Signature

_____ # Sessions

_____ Total hours

_____ Signature of Instructor

You will need to make one copy of this form for each grading period listed.