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.