



**THOUSAND OAKS HIGH SCHOOL
CONEJO VALLEY UNIFIED SCHOOL DISTRICT**

**INDEPENDENT STUDY
PHYSICAL EDUCATIONAL PROGRAM
2014-2015 Progress and/or Grade Report**

Please check grading period before submitting report:

First Quarter (10/31/14)

Third Quarter (4/2/15)

Semester 1 Final (1/23/15)

Semester 2 Final (6/5/15)

ISPE INSTRUCTOR: Please submit this report to the TOHS Counseling Office on or *before* the dates stated above.

Student Name: _____ **Grade :** _____ **Date:** _____

To be completed by coach/instructor working with student:

Name of coach/instructor (print) Name of organization Phone

Description of Instructional Activities:

Progress Towards Agreed-Upon Objectives:

Attendance: Number of days attended: _____ Number of hours completed: _____

Grade: (Please initial) **Pass:** _____ **Fail:** _____

Signature of coach/instructor Date: _____

This report was discussed with student on: Date: _____

Signature of Student Date: _____

**This report must be sent to the TOHS Counseling Office on or before the dates stated at the top of this letter.
You may fax this form to the TOHS Counseling Office: 805-374-1165**