



THOUSAND OAKS HIGH SCHOOL
CONEJO VALLEY UNIFIED SCHOOL DISTRICT

INDEPENDENT STUDY
PHYSICAL EDUCATIONAL PROGRAM
2015-2016 Progress and/or Grade Report

Please check grading period before submitting report:

☐ First Quarter (Oct. 30, 2015)

☐ Third Quarter (March 24, 2016)

☐ Semester 1 Final (Jan. 22, 2016)

☐ Semester 2 Final (June 10, 2016)

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