

New Braunfels Independent School District

OFF CAMPUS PHYSICAL EDUCATION REPORT OF STUDENT PROGRESS

Name of Agency: _____

Address: _____

Name of Instructor: _____

Telephone Number: _____

STUDENT NAME: _____
Last First M.I.

Student ID Number: _____

Campus: _____

- I certify that this student has successfully met time requirements.
- I certify that student participation has been satisfactory.

This 6 Weeks Beginning Date _____ Ending Date _____

List Dates Absent during this Grading Period: _____

Circle the correct grading period below:

First 6 weeks Second 6 weeks Third 6 Weeks Fourth 6 Weeks Fifth 6 Weeks Sixth 6 Weeks

Circle Grade that applies:

A+ = 99	B+ = 89	C+ = 79	F = 69
A = 95	B = 85	C = 75	
A- = 90	B- = 80	C- = 70	

Signature of Instructor Date

INSTRUCTOR COMMENTS: _____

PROCEDURES: At the end of each 6 week grading period, the instructor completes this form. The school copy must be received in the campus office within 3 school days of the end of the grading period.