

Leander ISD Off-Campus Physical Education - Attendance & Pass/Fail Form

Student Name _____ Student Campus _____ Student ID # _____

Student Campus Counselor Name: _____ Student Campus Counselor Email: _____

Agency Name _____ Instructor Name _____ Instructor Email _____

This sheet must be filled out by the Instructor listed on the Student Application. Failure to complete on time could result in loss of credit.

| 1st Six Weeks | 2nd Six Weeks | 3rd Six Weeks | 4th 6 Weeks | 5th Six Weeks | 6th Six Weeks |
|--|--|--|---|---|--|
| How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from 8/15/19 to 9/27/19? _____ hrs | How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from 9/30/19 to 11/8/19? _____ hrs | How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from 11/11/19 to 12/20/19? _____ hrs | How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from 1/7/20 to 2/14/20? _____ hrs | How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from 2/18/20 to 4/9/20? _____ hrs | How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from 4/14/20 to 5/29/20? _____ hrs |
| PASS or FAIL | PASS or FAIL | PASS or FAIL | PASS or FAIL | PASS or FAIL | PASS or FAIL |
| OCPE Instructor Sign & Date | OCPE Instructor Sign & Date | OCPE Instructor Sign & Date | OCPE Instructor Sign & Date | OCPE Instructor Sign & Date | OCPE Instructor Sign & Date |
| Due in Campus Counselor's office by 9/27/19 | Due in Campus Counselor's office by 11/8/19 | Due in Campus Counselor's office by 12/20/19 | Due in Campus Counselor's office by 2/14/20 | Due in Campus Counselor's office by 4/9/20 | Due in Campus Counselor's office by 5/29/20 |

Directions for the Instructor:

1. Indicate the number of hours of practice completed Monday - Saturday at your agency. Competitions and activities done without your supervision cannot be counted towards the total.
2. Circle pass or fail to indicate the grade to be given, pending the appropriate number of hours are met.
3. Sign and date the sheet verifying the hours indicated.

**** It is the student's responsibility to turn it into the Campus Counselor's office by the date listed. Failure to turn in the pass/fail form on time could result in loss of credit, and/or an "F" listed on the report card.****