

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 _____ to _____? _____	How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from _____ to _____? _____	How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from _____ to _____? _____	How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from _____ to _____? _____	How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from _____ to _____? _____	How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Sunday from _____ to _____? _____
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 _____	Due in Campus Counselor's office by _____	Due in Campus Counselor's office by _____	Due in Campus Counselor's office by _____	Due in Campus Counselor's office by _____	Due in Campus Counselor's office by _____

Directions for the Instructor:

1. Indicate the number of hours of practice completed Monday - Friday 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.
4. Send to Campus Counselor's office by the date listed. Failure to turn in the pass/fail form on time could result in loss of credit.