

STUDENT NAME: _____ ID: _____ HOUSE: _____



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

INDEPENDENT STUDY IN PHYSICAL EDUCATION

ACTIVITY RECORD

REVISED August 2014

----- OFFICE USE ONLY -----

Activity Record reviewed by _____ on _____, 20_____.

Grade Earned **PASS** / **FAIL (due to the following reason(s))**

Reviewer Signature _____

Date _____

Important Dates

Attendance and performance, and activity records must be submitted to the administrator in charge no later than 1 week prior to the end of the semester for which you have been approved. Failure to complete and/or turn in on time will result in a **Fail** for the semester.

2023/2024 Semester 1

- Grading Period 1 Sept 29th, 2023
- Grading Period 2 Nov 9th, 2023
- Grading period 3 Dec 22nd, 2023

ATTENDANCE AND PERFORMANCE RECORD
(To be completed by outside activity Instructor/Coach)

Please print or type all information clearly.

_____	_____	_____
Student Last Name	Student First Name	Student I.D. #
_____	_____	_____
School	Grade	Age
_____	<u>2023-2024</u>	<u>1 / 2</u>
Sport/Activity	School Year	Semester (circle one)

Sport Description:
Objectives: The student will...
Evaluation Mode:
1. 2.

Total Number of Hours: _____
(200 minutes per week minimum)

Coaches Comments: _____

Grade Earned: **PASS:** _____ **FAIL:** _____

_____	_____
Coaches Signature	Parent Signature
_____	_____
Student Signature	Teacher/ISEP Administrator Signature

SMMUSD Off-Campus Independent Study Physical Education Application Packet

ACTIVITY RECORD (pg. 1)

Student Last Name	Student First Name	Student I.D. #
School	Grade	Age
Sport/Activity	2023 - 2024 School Year	1 / 2 Semester (circle one)

DATE	ACTIVITY	BEGIN TIME	END TIME	HOURS
	Be sure to include competitions and do not list Saturday or Sunday practices.			
			Total Hours	

"I affirm that the above record of participation is accurate to the best of my knowledge."

Supervisor Printed Name	Date
Supervisor Signature	Date

ACTIVITY RECORD (pg. 2)

Student Last Name

Student First Name

Student I.D. #

School

Grade

Age

Current Date

Sport/Activity

2023 - 2024
School Year

1 / 2
Semester (circle one)

DATE	ACTIVITY	BEGIN TIME	END TIME	HOURS
		Total Hours		

"I affirm that the above record of participation is accurate t the best of my knowledge."

Supervisor Printed Name

Date

Supervisor Signature

Date