Ector County Independent School District
802 N. Sam Houston
PO Box 3912
Odessa, TX 79760

FOR OFFICE USE ONLY:

Date Rec'd ____ /____ /____

Initials: _____

Ector County Independent School District
Off-Campus Physical Education Program
Attendance/Grade Record

This form is to be used to document the student's grade and attendance. **This form must be completed by the Agency Coordinator and returned to the student's school counselor by email or fax three days prior to the last day of each grade reporting period.** Agencies must refer to the current ECISD yearly calendar for the last day of each grading period. It is the Agency's responsibility to know each of the ECISD student's counselor contact information. Please put "OCPE Grades" in the subject line when you email. An ECISD employee may request documentation of the student's participation and copies of the completed student workbook assignments. **Parents and students are not allowed to deliver this information. Failure to meet these requirements may lead to your agency being removed from the Approved Agency List.**

Please Print:
Student Name: _____

Student ID# _____ Grade Level _____ School _____

Counselor's Name _____

Phone and FAX# _____

Email:_____

Today's Date _____ Agency Name _____

Please circle the appropriate grading report period: Fall or Spring Semester / 1st, 2nd, 3rd grading period

Student's NUMERICAL grade for: _____ **1st grading period** _____ **2nd grading period** _____ **3rd grading period**

Total days absent during: _____ **1st grading period** _____ **2nd grading period** _____ **3rd grading period**

A student may not be absent more than 90% per six weeks period. (1 – 1½ hours + 1 day absent)

Student's FINAL NUMERICAL SEMESTER GRADE: _____
Agency reports the Final Numerical Course Grade (the average of the 1st, 2nd, 3rd grading period numerical grades) at the end of the semester only. A student must have a numerical grade of 70 or above to receive P.E. Credit)

Very important – Agencies must fill out
Agency Name _____

Agency Phone and FAX# _____

Agency Coordinator's Name _____

Agency Coordinator's Email _____

_____

Agency Coordinator's Signature *Date*

The agency "approval" status may be terminated if the student's counselor does not receive this document on time.
Agencies must keep a copy for their records for 3 years.