

Off Campus PE Agency-Student Attendance Form

(This form is to be filled out by the Instructor and retained for attendance verification)

Student Name: _____ Campus: _____

Agency Name: _____ Instructor: _____

Physical Activity Description: _____

Attendance Schedule & Grade Reporting Period

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time
1 st week												
2 nd week												
3 rd week												
Eligibility												
4 th week												
5 th week												
6 th week												
Eligibility												
											6 week grade	

1 st week												
2 nd week												
3 rd week												
Eligibility												
4 th week												
5 th week												
6 th week												
Eligibility												
											6 week grade	

1 st week												
2 nd week												
3 rd week												
Eligibility												
4 th week												
5 th week												
6 th week												
Eligibility												
											6 week grade	

Total number of absences this semester _____ Grade for this semester _____

***Submit to your student's counselor for 6 week and semester grades. Due dates are dependent upon grading calendar. Please verify due dates with counselor.**

Counselor _____ Fax # _____

Email Address _____