

## 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 8/16/18 to 9/29/18?  _____ hrs	How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from 10/1/18 to 11/10/18?  _____ hrs	How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from 11/12/18 to 12/21/18?  _____ hrs	How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from 1/8/19 to 2/16/19?  _____ hrs	How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from 2/19/19 to 4/13/19?  _____ hrs	How many hours of training (competitions NOT included) were completed by the above individual at your agency Monday - Saturday from 4/15/19 to 5/31/19?  _____ 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 10/5/18	Due in Campus Counselor's office by 11/16/18	Due in Campus Counselor's office by 12/21/18	Due in Campus Counselor's office by 2/22/19	Due in Campus Counselor's office by 4/26/19	Due in Campus Counselor's office by 5/31/19

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.

**\*\* 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.\*\***