



Saddleback Unified School District VIRTUAL ACADEMY



INDEPENDENT STUDY PHYSICAL EDUCATION PERFORMANCE EVALUATION

Evaluation Period:		Start: August 27, 2018	End: January, 25, 2019
Student Name:		Student ID:	Date of Birth:
Primary School of Enrollment: ETHS LHHS MVHS SHS THHS		Grade:	Age:
Sport/Activity:		Team/Organization:	

Hours Verification

I certify that the above student has received _____ hours/week of physical activity during the current grading period listed above. This instruction time meets or exceeds the time requirements established by the California Education Code. (The minimum requirement is 200 minutes per week.)

Evaluation

As the supervising coach/instructor, how do you rate the student's work habits and effort during the current grading period (please circle one):

Outstanding Satisfactory Needs Improvement Unsatisfactory

Briefly describe how the student has progressed over the course of the grading period.

Additional Comments:

VERIFICATION SIGNATURE:

Coach/Instructor's Name: _____

Coach/Instructor's Signature: _____ Date: _____

Contact Email: _____ Contact Phone: _____