

## Off-Campus Physical Education Report

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Foster High School, LCISD

School Year: 2018-2019

Grade Period:	Grade Earned:
1 <sup>st</sup> six weeks	_____
2 <sup>nd</sup> six weeks	_____
3 <sup>rd</sup> six weeks	_____
1 <sup>st</sup> semester	_____
4 <sup>th</sup> six weeks	_____
5 <sup>th</sup> six weeks	_____
6 <sup>th</sup> six weeks	_____
2 <sup>nd</sup> semester	_____

Signed,

Instructors

_____	_____	_____
Printed Name of Instructor	Signature of Instructor	Date

_____	_____	_____
Printed Name of Student	Signature of Student	Date

\*\* Turn this in to Kim Mikeska (room 2103) every six weeks.

