Wichita Falls Independent School District
Off-Campus Physical Education Documentation Form

Facility Name _____
Telephone _____
Instructor _____

Student Name _____
Activity _____

This Form must be completed by a facility official or the instructor and returned to the PE Curriculum Specialist in an envelope with the instructor's signature across the sealed flap. One form must be completed and returned for each grading period.

Date of Instruction	Total Time (hours)	Signature of Instructor

_____ _____ _____
Number of Sessions Total Time (hours) Signature of Instructor

Assigned Number Grade _____ Citizenship Grade _____
Facility/Coach must assign each student a number grade each grading period.
(A=90-100, B=80-89, C=75-79, D=70-74, F= below 70). ***Citizenship grades will be documented using a letter grade.***

For Grading Period beginning _____ ending _____

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