

SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
Independent Study Physical Education
Assessment and Evaluation Form

Directions: To be completed by Instructor/Coach at the end of each quarter (exact due date will be determined by Independent Study PE Coordinator at your site). Instructor/Coach may submit a page-long written or typed review in lieu of this form.

Student Name _____ Grade _____ School _____

Objectives and expected standards for activity:

QUARTER status report on student progress towards these objectives and standards:

Instructor/Coach assessment of student's work:

I certify that the California Physical Education Standards for this student's grade level have been met during this grading period.

Instructor/Coach Signature _____ Date _____