

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

Directions: To be completed by the student-athlete at the end of each semester (exact due date will be determined by Independent Study PE Coordinator at your site). You may submit a page-long written or typed assessment in lieu of this form.

Student Name _____ Grade _____ ID _____

Objectives and expected standards for activity:

Semester status report on your progress towards these objectives and standards:

Self-assessment of your work (Improvement? Adjustment of goals? Achievements?):

I certify that the progress toward my goals and objectives align with the California State Physical Education Standards.

Student-Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____