POWAY UNIFIED SCHOOL DISTRICT
OFF-CAMPUS INDEPENDENT STUDY - PHYSICAL EDUCATION

SUPPLEMENTAL ATTENDANCE AND PERFORMANCE RECORD
(to be returned at grading period)

DATE	ACTIVITY	TIME Begin - End	HOURS
		Total Hours	

I affirm that the above record of participation is accurate to the best of my knowledge.

DATE DUE: _____ SUPERVISING COACH: _____
Signature

(Additional forms available at: http://www.powayusd.com/pusdaltprogs/OCISPE/default.shtml)