

Edmonds School District

Documentation of Learning Check List for PE Outside Credit

Instructions for Students

In order for your .5 credit to be approved, it is your responsibility to obtain the necessary signatures, complete all of the required documents, and make \$30 payment.

- _____ Off-Campus Instruction Log completed
- _____ Student Performance Evaluation completed by coach
- _____ OCA completed
- _____ Receipt of Processing Fee payment attached
- _____ Attach completed Application for Outside Credit form with all signatures

When complete, turn the packet in to the Main Office for routing to PE Department

Instructions for Verifying Teachers

Check that all components of the packet are complete. If incomplete or unsatisfactory, return to the student for completion. Check off each component, sign, and route to the Counseling Office.

- _____ Completed Application for Outside Credit form with requisite signatures
- _____ Completed instruction log, including requisite number of hours and signatures
- _____ Completed Student Performance Evaluation with requisite instructor signature
- _____ Verification of payment
- _____ Satisfactory completion of appropriate OCA

Signature of PE teacher _____

Edmonds School District #15

Off-Campus Instruction Log

Student Name: _____

Student's school (circle): EWHS LHS MHS MTHS SLHS

Name of Instruction: _____

Location of Instruction: _____

Directions: write the number of hours each day in the correct box. Total number of required hours in the year must equal 90. Use 15-minute increments.

Month/Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
August																																	
September																																	
October																																	
November																																	
December																																	
January																																	
February																																	
March																																	
April																																	
May																																	
June																																	
July																																	

Total number of hours: _____ (must be no less than 90)

Student signature: _____ Date: _____

Instructor signature: _____ Date: _____

Complete the evaluation of the student's work on the back of this page. Your evaluation is crucial to the award of substitute credit.

(over)

Edmonds School District #15

Student Performance Evaluation

Student Name: _____

Student's school (circle): EWHS LHS MHS MTHS SLHS

Name of Instruction: _____

Location of Instruction: _____

Please complete this evaluation after the student has completed 90 hours of instruction.

	Needs Improvement	Adequate	Performs Well	Exceptional	N/A
Appears interested in work					
Arrives punctually					
Follows direction and accepts suggestions					
Demonstrates initiative					
Can work unsupervised					
Uses time efficiently and appropriately					
Has cooperative attitude					
Demonstrates responsible behavior					

To help the student recognize and assess his/her strengths, please address any of the above areas or make additional comments: _____

Instructor signature: _____ Date: _____

This completed form MUST be returned to the counseling office no later than the last day of the grading period.

Edmonds School District #15
Physical Education
Outside Credit Assessment #1

Name _____ School _____ Date _____

Please answer the following questions using a separate piece of paper. Responses can be typed or legibly handwritten. When the entire packet is complete, please turn it to your Guidance Counselor.

1. Create a weekly fitness plan for yourself that meets the FITT principle guidelines.

2. Describe how the activity you are receiving credit for will influence your personal health and fitness as an adult.

3. How can technology help you meet your personal fitness goals?

4. Write one health related SMART goal and one fitness related SMART goal and explain how you will accomplish each goal.