

Azle High School Off-Campus PE: Six Weeks Report

Student Name: _____

Grade Level: _____ Student ID#: _____

Grading Cycle: (please check which grading cycle you are currently scoring)

- 1st Six Weeks (August 28th-October 6th):** *DUE BY OCT. 5th*
- 2nd Six Weeks (October 10th- November 17th):** *DUE BY NOV. 16th*
- 3rd Six Weeks (November 27th- January 12th):** *DUE BY JAN. 11th*
- 4th Six Weeks (January 17th- March 2nd):** *DUE BY MAR. 1st*
- 5th Six Weeks (March 5th-April 20th):** *DUE BY APR. 19th*
- 6th Six Weeks (April 23rd- May 31st):** *DUE BY MAY 30th*

Grading Period: (please circle one class period)

1st 2nd 3rd 4th 5th 6th 7th 8th

Grade Earned: (please circle one option)

PASSED FAILED

List all dates the student was absent:

Off-Campus PE Location: _____

Off-Campus PE Coach Name: _____

Signature: _____ **Date:** _____

Please submit this completed form to the AHS Counseling Department by the due dates listed above to ensure credit is earned for this course.

AHS Counseling Department

1200 Boyd Road, Azle TX 76020

Telephone: (817) 444-5555 Fax: (817) 444-8884

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Office Use Only:

Counseling Approval Signature: _____

Approval Date: _____