INDEPENDENT PHYSICAL EDUCATION
LOG SHEET

NAME _____ GRADE _____ STUDENT ID# _____

SCHOOL _____ SEMESTER 1 / 2 YEAR _____

REMINDER:
100 HOURS = ½ CREDIT

PROGRAM GOAL STATEMENT:

_____

_____

DATE	AMT. OF TIME SPENT	DESCRIPTION OF ACTIVITIES PERFORMED	WITNESS INITIALS

Total hours for this sheet: