



Catlin Gabel

Name: _____

Independent PE Bi-Weekly Report

Fall _____ Winter _____ Spring _____ Term (check one) Weeks of: _____
OR Summer 200__

Activity Supervisor: _____ Telephone: _____

Activity: _____ Location: _____

Participation (Hours/Day): _____ (see over for additional weeks)

Week 1: M____T____W____T____F____S____S____

Week 1: M____T____W____T____F____S____S____

Not Sufficient

Sufficient

Participation	_____	_____
Skills	_____	_____
Sportsmanship	_____	_____
Effort	_____	_____
Knowledge	_____	_____

Comments:

Date _____

Supervisor's Signature _____

Please return this form, once signed by your instructor or coach to verify the participation you've indicated here, to Catherine Healy at Catlin Gabel School, 8825 SW Barnes Rd., Portland, OR 97225.

Week 3: M ___ T ___ W ___ T ___ F ___ S ___ S ___

Week 4: M ___ T ___ W ___ T ___ F ___ S ___ S ___

Week 5: M ___ T ___ W ___ T ___ F ___ S ___ S ___

Week 6: M ___ T ___ W ___ T ___ F ___ S ___ S ___

Week 7: M ___ T ___ W ___ T ___ F ___ S ___ S ___

Week 8: M ___ T ___ W ___ T ___ F ___ S ___ S ___

Week 9: M ___ T ___ W ___ T ___ F ___ S ___ S ___

Week 10: M ___ T ___ W ___ T ___ F ___ S ___ S ___

Week 11: M ___ T ___ W ___ T ___ F ___ S ___ S ___

Week 12: M ___ T ___ W ___ T ___ F ___ S ___ S ___