



Catlin Gabel

Independent PE: Biweekly Report

Name: _____

Term: Fall Winter Spring Summer

Activity Supervisor: _____ Phone: _____

Activity: _____ Location: _____

Participation (hours per day):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							

	Not Sufficient	Sufficient	Comments
Participation			
Skills			
Sportsmanship			
Effort			
Knowledge			

Supervisor's signature

Date

You must turn in a copy of this form **every two weeks** to receive credit.

After your supervisor has signed this form to verify your participation, please return it to: **Robyn Washburn, Catlin Gabel School, 8825 SW Barnes Road, Portland, OR 97225.**