

PHYSICAL EDUCATION EXHIBIT

Alternate Instruction Evaluation Form

Student _____

Area of Instruction _____

Instructor of Off-Campus activity _____

Form to be completed by the Off-Campus Instructor:

Objectives of Off-Campus Instruction: _____

Dates Instruction took place _____ to _____

Length of each lesson _____

Total number of lessons _____

Attendance: Tardy _____ times

Absent _____ times

Recommended numerical grade _____

Please use the back of this sheet for any additional comments you may wish to make.

Instructor's Signature

Date

Please return this form to Director of Physical Education, Shaker High School,
Latham, New York 12110.

Note: Prior Exhibit, 5125.3(h)