

PLEASE PRINT

LAST NAME					FIRST NAME				TEACHER				
DATE	M	T	W	TH	F	K~2 ACTIVITY		3~6 ACTIVITY		<b>FIRST SEMESTER</b>			
8	17					ORIENTATION		ORIENTATION					
24						W/H	E	2 pt	2 pt				
31						NS	P	3 or 7 pt	2 pt				
9	7					HEART RATE		HEART RATE		<b>FITGRAM COMPONENTS</b>			
14						W/H	E	W/H	E				
21						NS	P	NS	P	<b>PUSHUPS</b>		<b>PUSHUPS</b>	
28						BASKETBALL		BASKETBALL		<b>MUSCULAR STRENGTH</b>			
10	5					W/H	E	W/H	E				
12						NS	P	NS	P	<b>FALL</b>		<b>SPRING</b>	
19						TRACK		TRACK		<b>CURLUPS</b>		<b>CURLUPS</b>	
26						W/H	E	W/H	E	<b>MUSCULAR ENDURANCE</b>			
11	2					NS	P	NS	P				
9						W/H	E	W/H	E	<b>FALL</b>		<b>SPRING</b>	
16						NS	P	NS	P	<b>TRUNKLIFT</b>		<b>TRUNKLIFT</b>	
23						TRACK		TRACK		<b>FLEXIBILITY</b>			
30						W/H	E	W/H	E				
12	7					NS	P	NS	P	<b>FALL</b>		<b>SPRING</b>	
14						TRACK		TRACK		<b>AEROBIC CAPACITY</b>			
1	4					W/H	E	W/H	E				
11						NS	P	NS	P	<b>FALL</b>		<b>SPRING</b>	
18						TRACK		TRACK		<b>PACER</b>		<b>PACER</b>	
25						W/H	E	W/H	E	<b>HEALTH OR MEDICAL CONDITIONS</b>			
2	1					NS	P	NS	P				
8						TRACK		TRACK		<input type="checkbox"/> HEART CONDITION? <input type="checkbox"/> DIABETES? <input type="checkbox"/> ASTHMA? <input type="checkbox"/> OTHER (explain)			
15						W/H	E	W/H	E				
22						NS	P	NS	P	<b>AEROBIC CAPACITY</b>			
3	1					TRACK		TRACK					
8						W/H	E	W/H	E	<b>HEALTH OR MEDICAL CONDITIONS</b>			
15						NS	P	NS	P				
22						TRACK		TRACK		<b>AEROBIC CAPACITY</b>			
4	5					W/H	E	W/H	E				
12						NS	P	NS	P	<b>HEALTH OR MEDICAL CONDITIONS</b>			
19						TRACK		TRACK					
26						W/H	E	W/H	E	<b>AEROBIC CAPACITY</b>			
5	3					NS	P	NS	P				
10						OTL		OTL		<b>HEALTH OR MEDICAL CONDITIONS</b>			
17						W/H	E	W/H	E				
24						NS	P	NS	P	<b>AEROBIC CAPACITY</b>			

**FITGRAM COMPONENTS**

**FALL** | **SPRING**

**PUSHUPS** | **PUSHUPS**

**MUSCULAR STRENGTH**

**FALL** | **SPRING**

**CURLUPS** | **CURLUPS**

**MUSCULAR ENDURANCE**

**FALL** | **SPRING**

**TRUNKLIFT** | **TRUNKLIFT**

**FLEXIBILITY**

**FALL** | **SPRING**

**PACER** | **PACER**

**AEROBIC CAPACITY**

**HEALTH OR MEDICAL CONDITIONS**

- HEART CONDITION?
- DIABETES?
- ASTHMA?
- OTHER (explain)

**NAME**

Last

(Please Print)

First

	<p><b>Expectations</b></p> <p><b>I</b> - Absent  <b>E</b> - Effort  <b>W</b> - Water  <b>H</b> - Hat  <b>NS</b> - No Shoes  <b>M</b> - Medical  <b>P</b> - Participation</p> <p>1 - Hat, Water, Shoes                  2 - Correct roll call order                  3 - Hands, feet &amp; other objects                  4 - Follow all directions                  5 - Rights &amp; feelings-others                  6 - Defiance of authority                  7 - Leaving class early                  8 - Equipment abuse                  9 - Medical = Nurse Only</p>	<p><b>GRADING SCALE</b></p> <p>A(+) 90 ~ 100%                  B,C(✓) 70 ~ 89%                  D,F(-) 69 &amp; below</p>
<b>1</b>		<p><b>POINTS EARNED</b></p> <p>Hat - 2                  Water - 2                  Participation - 5%                  Shoes - 3 (or -7)                  Effort - 2</p>
<b>2</b>		<p>_____                  Mother's Number</p> <p>_____                  Father's Number</p>
<b>3</b>		<p>I have read and agree to the grading and expectations for physical education.</p>
<b>4</b>		<p>_____                  Student Signature</p> <p>_____                  Parent Signature</p>

DESERT TRAILS ELEMENTARY SCHOOL / PARADISE VALLEY UNIFIED SCHOOL DISTRICT PHYS ED CARD