



Off-Campus Physical Education Grade Report

Name of School: Katy Junior High

Instructor's Name: _____ Facility Name: _____

Facility Address: _____

Tel. #: _____ Fax #: _____

Email: _____

School Year: _____ Six Weeks: 1st 2nd 3rd 4th 5th 6th

| Student Name | Grade for the Six Weeks (P=Pass and F= Fail) | Attendance (Number of Absences) |
|--------------|---|------------------------------------|
| | | |

The following student has been attending our facility and is entitled to receive credit for a P.E. waiver for this school year.

Instructor's signature _____

Date: _____

Six Week Dates

| Six Weeks | Beginning Date | End Date |
|-----------------|----------------|----------|
| 1 st | 8/14/24 | 9/19/24 |
| 2 nd | 9/23/24 | 10/31/24 |
| 3 rd | 11/4/24 | 12/20/24 |
| 4 th | 1/7/25 | 2/14/25 |
| 5 th | 2/18/25 | 4/4/25 |
| 6 th | 4/7/25 | 5/22/25 |