



OCPE-E

**KILLEEN INDEPENDENT
SCHOOL DISTRICT
OFF-CAMPUS PHYSICAL EDUCATION SUBSTITUTION
GRADE/ATTENDANCE REPORT**

Facility/Provider Name Providing Instruction _____ Activity _____

Person(s) Providing Instruction _____

Person Completing This Report _____ Telephone _____

Grade Report 3 Weeks Final (Circle) Date of Submission _____

Student Name	Current Grade Level	School	Counselor	Hours Present	Hours Absent	PASS/ FAIL (P = 90 F=65)	Notes

DUE TO STUDENT CONFIDENTIALITY, PLEASE ONLY LIST ONE STUDENT PER PAGE. THIS MEANS THAT YOU WILL SUBMIT ONE GRADE/ATTENDANCE REPORT FOR EACH STUDENT IN YOUR OFF CAMPUS PE PROGRAM. PLEASE MAIL, FAX, OR E-MAIL A SCANNED COPY OF THIS REPORT TO THE SCHOOL COUNSELOR OF THE STUDENT NAMED. THIS IS A CONFIDENTIAL RECORD - STUDENTS MAY NOT DELIVER THIS RECORD.