



Redlands Unified School District
Independent Study – Physical Education
Student Evaluation Form

Grading Period (circle one) 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Student Name: _____ Grade Level: _____

School: _____ Type of Activity: _____

Group/Club Name: _____ Coach/Instructor: _____

Statement of criteria or manner in which the activities have been evaluated:

Please address the student's performance in each of the following areas.

1. Attendance:	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Better than Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
2. Attention to tasks assigned:	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Better than Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
3. Advance made in attaining goal(s):	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Better than Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
4. Attitude of student toward assigned tasks:	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Better than Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
5. In your opinion, has the student's work and effort been:	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Better than Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor

In your opinion, the student should be (please check one)

- Continued in the program
- Continued in the program on probation
- Dropped from the program

Additional Comments: _____

Coach/Instructor Signature _____ Date: _____