

Rensselaer Central High School Physical Education Verification Form

Student Name:	Grade (Circle): 9 10 11 12
Season (Circle): Fall Winter Spring	Year:
Activity or Sport:	
	andard mastered by student. <u>All</u> standards must be to obtain a credit.
1. <u>Motor Skills and Movement Patterns</u> : Student demonstrates competency in motor skills and movement patterns needed to perform a variety of physical activities.	
	nstrates an understanding of movement concepts, they apply to the learning and performance of
3. <u>Health-Enhancing Physical Fitness</u> : Student achieves and maintains a health-enhancing level of physical fitness.	
4. <u>Responsible Personal and Social Behavior</u> : Student exhibits responsible personal and social behavior that respects self and others in physical activity settings.	
5. <u>Value of Physical Activity</u> : Student Values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction.	
Approximate total number of hours of participation for season:	
Comments:	
Athletic Director Signature:	Date:
Student/Athlete Signature:	Date:
Coach Signature:	Date:
Physical Education Teacher Signature:	Date:
Recorded on Transcript by Counselor: Initials	Date:

*Upon successful completion and submission of this form, the student will earn one Physical Education credit with a letter grade of "A" at the end of the semester