

**CARPINTERIA HIGH SCHOOL
INDEPENDENT STUDY PHYSICAL EDUCATION
WEEKLY TIME REPORT**

NAME: _____ ACTIVITY: _____ FOR WEEK OF: _____

(Please report hours/minutes you spent daily on your activity along with a description of the activity)

	DATE	HRS.	MINS.	TOTAL MINUTES:
MONDAY:				
Activity:				
TUESDAY:				
Activity:				
WEDNESDAY:				
Activity:				
THURSDAY:				
Activity:				
FRIDAY:				
Activity:				
SATURDAY:				
Activity:				
SUNDAY:				
Activity:				

TOTAL WEEKLY MINUTES: _____

Community Instructor's Signature

Date