

Physical Education Alternative Assignments Contract

Name: _____

Date:

Semester: _____ Class: _____

Teacher's Name: _____

The following choices are available to students who need to perform an alternative project due to a medical condition, a vacation, illness, injury, and/or non-participation day.

All work is due on or before _____.

You are responsible for the teacher initialed assignments:

Amount of days needed to make up: _____

Short Term Medical Make-up Options:

1. _____ Fitness Activity Make-up. Separate form is required from teacher.
2. _____ Physical Fitness Event Project. Separate form is required from teacher.
3. _____ Physical Therapy Project. Separate form is required from teacher.
4. _____ Join another class (Teacher approved - Fitness Center Workout Log)

Long Term Medical Make-up Options:

1. _____ Fitness Article/Commercial Critique. Separate Form is required from teacher.
2. _____ Community Resources Project. Separate Form is required from teacher.
3. _____ Medical Career Research Project. Separate Form is required from teacher.

This Page must be included with your work.

Student Signature

Date

Teacher Signature

Date