

P.E. DIRECTIVE STUDY EXERCISE CONTRACT

NAME: _____ GRADE: _____

COUNSELOR: _____

SUPERVISOR: _____

RELATIONSHIP: _____

HOME/CELL PHONE: _____

YOUR EMAIL: _____

I WILL EXERCISE A MINIMUM OF 3 HOURS PER WEEK. THE WORKOUTS WILL BE BROKEN UP AT A MINIMUM OF 3 TIMES PER WEEK WITH 1 HOUR CARDIO EACH SESSION.

MY WORKOUT SCHEDULE WILL BE:

WHAT DAYS: _____

TIME OF DAY: _____

LOCATION: _____

DURATION: _____

I, the Supervisor, will diligently monitor the progress of the above student to ensure he or she fulfills this contract. This includes monitoring the mile run each 2 week period. My student and I have both read and understand the complete Directive Study P.E. Packet and all of its information and rules.

SUPERVISOR SIGNATURE: _____

STUDENT SIGNATURE: _____

(FAILURE TO DO YOUR MILE EACH 2 WEEK PERIOD, WILL RESULT IN BEING DROPPED FROM THIS CLASS.)