

P.E. DIRECTIVE STUDY EXERCISE CONTRACT

NAME GRADE _____

COUNSELOR _____

SUPERVISOR _____

RELATIONSHIP _____

HOME/CELL PHONE _____

WORK PHONE _____

I WILL EXERCISE A MINIMUM OF 3 HOURS PER WEEK. THE WORKOUTS WILL BE BROKEN UP, AT A MINIMUM, INTO 1 HOUR OF CARDIO ON 3 SEPARATE DAYS.

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.

