

Physical Education Make-Up Form

Name _____ Homeroom Teacher _____

Date of Absence _____ Date of Make-Up _____

Activity performed _____

Duration/Time performed (minimum 30 minutes) _____

What are the benefits of participating in this particular activity?

What did you enjoy about this activity?

What did you dislike about this activity?

Will you participate in this activity again in the future? _____

Parent/Teacher/Coach Signature _____

Parent/Teacher/Coach Name (please print) _____