

**CABRILLO UNIFIED SCHOOL DISTRICT  
INDEPENDENT STUDY PHYSICAL EDUCATION PROGRAM GOALS**

**Student Name** \_\_\_\_\_

During each quarter you and your instructor need to set a minimum of three specific goals that you will work on. These goals need to be aligned with the CUSD vision for physical education included on the back of this form. At least one goal must address the need for appropriate nutrition and exercise. Example: students assess personal fitness and set goals for improvement or maintenance. The goals need to describe what you want to accomplish and how they will be tested. You will need to pre and post test to determine levels of improvement.

GOAL #1

HOW WILL IT BE TESTED?

GOAL #2

HOW WILL IT BE TESTED?

GOAL #3

HOW WILL IT BE TESTED?

**This form must be submitted to the Athletic Director at the high school.**

For office use only:

Date submitted \_\_\_\_\_

Quarter \_\_\_\_\_