# OASIS ACADEMY COLLEGE PREPARATORY
# HIGH SCHOOL P.E. LOG

**Student Name:_____**

**Grade:** _____

**Total hours:** _____

**Date:** _____

*Oasis Academy College Prep High School students will enroll in Independent PE study. Independent study will include, but is not limited to the following Nevada Academic Content Standards.* **Students will apply appropriate vocabulary to coordinate a class or school-wide activity** *(NVACS 1.12.1) at Oasis Academy.* **Students will analyze personal performance and apply results for improvement** *(NVACS 1.12.3) in log book.* **Students will analyze and compare health and fitness benefits derived from various physical activities** *(NVACS 1.12.4) documented in log books.* **Students will refine health-related fitness goals** *(NVACS 4.12.1) in log books.* **Students will independently engage in physical activity that addresses fitness and wellness throughout life** *(NVACS 4.12.2) documented in log books.* **Students will analyze a personal healthy lifestyle independent of teacher intervention** *(NVACS 4.12.3) documented in log.* **Students will evaluate physical activities for injury potential** *(4.12.4).* **Students will evaluate the role of physical activity in a diverse society** *(i.e. skill level, gender, race and disability), (NVACS 5.12.3).*

***Students will log daily physical activities for a total of 72 hours per semester to earn 1/2 credit. A total of 2 P.E. credits is required to graduate.***

*Activities may include but are not limited to sport practices, dance practice, lap swimming, gym workouts, aerobic and fitness classes. Logs will be evaluated by Oasis Academy staff or board member, preferably with NIAAA certificate.*

**Your Health and Fitness Goals:**

1. _____
   _____
2. _____
   _____
3. _____
   _____

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## Student Name:_____

| Date | Activity/minutes | Did you improve? Y/N | Initials | | Date | Activity/minutes | Did you improve? Y/N | Initials |
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## Student Name:_____

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| **Date** | **Activity/minutes** | **Did you improve? Y/N** | **Initials** | | **Date** | **Activity/minutes** | **Did you improve? Y/N** | **Initials** |
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## Student Name:_____

| Date | Activity/minutes | Did you improve? Y/N | Initials | | Date | Activity/minutes | Did you improve? Y/N | Initials |
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**Student Name:_____**

**Self-Evaluation: Did I meet my goals? How did my health and fitness program change?**