

CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Dr. Tricia Delk Grade: 1 School Mountain View

Reporting Period: From 9/1/19 To 9/30/19

SECTION 1

I provided students the minimum of 200 minutes of PE instruction for every 10 school days during the reporting period.

If you check this box, skip section 2 below and just sign and date the form.

SECTION 2

I was unable to provide the minimum of 200 minutes of PE instruction for every 10 school days during the reporting period.

If you check this box, complete the remaining items in this section 2.

The amount of PE minutes that I was not able to provide, and the dates I was unable to provide them are as follows:

Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____

Continue this list on the reverse side of this form if necessary.

I was unable to provide all PE minutes on the above dates(s) because of:

- Assembly Field trip Parent conference
- Shortened day Weather Professional Development
- Other, please specify: _____

I made up the missed number of PE minutes on the following dates at the following times

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

Dr. Tricia Delk
SIGNATURE
9/30/19
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Rice Grade: 1 School: Mt View

Reporting Period: From Sep. 1 2009 To Sept. 30

SECTION 1

I provided students the minimum of 200 minutes of PE instruction for every 10 school days during the reporting period.

If you check this box, skip section 2 below and just sign and date the form.

SECTION 2

I was unable to provide the minimum of 200 minutes of PE instruction for every 10 school days during the reporting period.

If you check this box, complete the remaining items in this section 2.

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Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____

Continue this list on the reverse side of this form if necessary.

I was unable to provide all PE minutes on the above dates(s) because of:

- Assembly Field trip Parent conference
- Shortened day Weather Professional Development
- Other, please specify: _____

I made up the missed number of PE minutes on the following dates at the following times

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

Heather Rice
SIGNATURE

10-3-19
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Amy Rios Grade: 1 School: Mountain View

Reporting Period: From 9/1/19 To 9/30/19

SECTION 1

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Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____

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I was unable to provide all PE minutes on the above dates(s) because of:

- Assembly Field trip Parent conference
- Shortened day Weather Professional Development
- Other, please specify: _____

I made up the missed number of PE minutes on the following dates at the following times

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

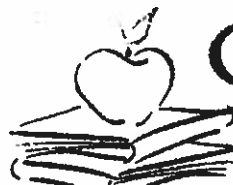
I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

SIGNATURE

9/30/19

DATE



CLOVIS
UNIFIED
SCHOOL DISTRICT

CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Waring Grade: 1 School: Mt. View

Reporting Period: From 9/1/19 To 9/30/19

SECTION 1

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Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____

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- Other, please specify: _____

I made up the missed number of PE minutes on the following dates at the following times

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

SIGNATURE

[Handwritten Signature]
10/3/19

DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Cortes Grade: 2 School: M.V.

Reporting Period: From 9/1/19 To 9/30/19

SECTION 1

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Date: _____	Number of Scheduled PE Minutes Not Provided: _____

Continue this list on the reverse side of this form if necessary.

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- Shortened day Weather Professional Development
- Other, please specify: _____

I made up the missed number of PE minutes on the following dates at the following times

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

Mundich
SIGNATURE

10/3/19
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Kimberly Dyer Grade: 2 School: Mountain View

Reporting Period: From 9/1/19 To 9/30/19

SECTION 1

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Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____

Continue this list on the reverse side of this form if necessary.

I was unable to provide all PE minutes on the above date(s) because of:

- Assembly Field trip Parent conference
- Shortened day Weather Professional Development
- Other, please specify: _____

I made up the missed number of PE minutes on the following dates at the following times

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

Kimberly Dyer
SIGNATURE
10/3/19
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Konze Grade: 2 School Mountain View

Reporting Period: From 09-02-19 To 09-30-19

SECTION 1

I provided students the minimum of 200 minutes of PE instruction for every 10 school days during the reporting period.

If you check this box, skip section 2 below and just sign and date the form.

SECTION 2

I was unable to provide the minimum of 200 minutes of PE instruction for every 10 school days during the reporting period.

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Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____

Continue this list on the reverse side of this form if necessary.

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- Assembly Field trip Parent conference
- Shortened day Weather Professional Development
- Other, please specify: _____

I made up the missed number of PE minutes on the following dates at the following times

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

SIGNATURE

10-03-19

DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Washington Grade: 2 School: Mountain View

Reporting Period: From Sept 1 To Sept 30

SECTION 1

I provided students the minimum of 200 minutes of PE instruction for every 10 school days during the reporting period.

If you check this box, skip section 2 below and just sign and date the form.

SECTION 2

I was unable to provide the minimum of 200 minutes of PE instruction for every 10 school days during the reporting period.

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Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____

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- Shortened day Weather Professional Development
- Other, please specify: _____

I made up the missed number of PE minutes on the following dates at the following times

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

Kathleen B. [Signature]
SIGNATURE

Sept. 30, 2019
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Byron Grade: 3 School Mountain View

Reporting Period: From 9/1/19 To 9/30/19

SECTION 1

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Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____

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- Other, please specify: _____

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Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

Amy Byron
SIGNATURE
10/3/19
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Callisch Grade: 3 School Mtn. View

Reporting Period: From 9/1/19 To 9/30/19

SECTION 1

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SECTION 2

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Date: _____	Number of Scheduled PE Minutes Not Provided: _____

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- Other, please specify: _____

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Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

Carrie Callisch
SIGNATURE
10/3/19
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Lewis Grade: 3 School: MLV

Reporting Period: From 9/1/19 To 9/30/19

SECTION 1

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- Other, please specify: _____

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Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

John Lewis
SIGNATURE

10/3/19
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Panosian Grade: 3 School MV

Reporting Period: From 9/1 To 9/30

SECTION 1

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SECTION 2

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Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____

Continue this list on the reverse side of this form if necessary.

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- Assembly Field trip Parent conference
- Shortened day Weather Professional Development
- Other, please specify: _____

I made up the missed number of PE minutes on the following dates at the following times

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

Mila Panosian
SIGNATURE

October 1, 2019
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Canales Grade: _____ School: Mt. View

Reporting Period: From 9-1 To 9-30

SECTION 1

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If you check this box, skip section 2 below and just sign and date the form.

SECTION 2

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Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____
Date: _____	Number of Scheduled PE Minutes Not Provided: _____

Continue this list on the reverse side of this form if necessary.

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- Assembly Field trip Parent conference
- Shortened day Weather Professional Development
- Other, please specify: _____

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Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

Canales
SIGNATURE
10/3/19
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: DRITZ Grade: 4 School MT. VIEW

Reporting Period: From 9-1-19 To 9-30-19

SECTION 1

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- Other, please specify: _____

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Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

SIGNATURE _____
DATE 10/3/19



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Mark Mushega Grade: 4/5 School Mountain View
Reporting Period: From 9/1/19 To 9/30/19

SECTION 1

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- Other, please specify: _____

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Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

Mark Mushega
SIGNATURE

10/3/19
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Carol West Grade: 5/6 School: Mountain View

Reporting Period: From Sept 1, 2019 To Sept 30, 2019

SECTION 1

I provided students the minimum of 200 minutes of PE instruction for every 10 school days during the reporting period.

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SECTION 2

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- Shortened day Weather Professional Development
- Other, please specify: _____

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Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

Carol West
SIGNATURE

10/3/19
DATE



CLOVIS UNIFIED SCHOOL DISTRICT

Monthly PE Instruction Certification (Not less than 200 minutes/10 schooldays excluding lunch/recess)

Teacher: Vanessa Avitable Grade: 6 School Mtn. View
Reporting Period: From 9/1/19 To 9/30/19

SECTION 1

I provided students the minimum of 200 minutes of PE instruction for every 10 school days during the reporting period.

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- Assembly Field trip Parent conference
- Shortened day Weather Professional Development
- Other, please specify: _____

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Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

I will make up the missed number of PE minutes on the following dates at the following times:

Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____
Date: _____	Time: _____	Minutes: _____

SIGNATURE

DATE

