STUDENT NAME:							
		FIRST			LAST		
1)) What would your current teacher say about your participation in P.E.? (select one)						
		□ Good	☐ Satisfacto	ory	□ Not Satisfacto	ry	
2)	of an Ou	a field trip there may be times you are not directly (within eyesight or 'earshoten Outdoor Ed teacher. Will you follow the expectations outlined by the teacher lect one)					
		$\ \square$ Yes, all the time.					
		\square Yes, most of the time					
		$\hfill\Box$ Yes, as long as I am with the right people					
		□ Sometimes	or not usually				
3)	How often are you active during the week? (select one based on current activity)						
		□ 0-1 days/we	ek	□ 4-5 da	ys/week		
		□ 2-3 days/we	ek	□ 6-7 da	ys/week		
4)	How open or willing are you to explore or try new outdoor experiences that may challenge you? (select one)						
		$\hfill\Box$ I am very willing to try all new things that may challenge me					
		$\ \square$ I am mostly interested in trying new things and/or being challenged					
		$\hfill\Box$ It depends on the experience and how challenging it may be for me					
		☐ I am not vei	ry interested ir	n trying ne	ew things or being ch	ıallenged	
5)	Are you	willing to make up missed assignments from classes? (select one)					
		□ Yes	□ Maybe	□N	0		

5) What are some of your current interests in spo	rts or outdoor activities?			
Why are you interested in taking Outdoor Ed?				
tudent Signature:				
arent Name:	Date:			
arent Signature:				
Parent Phone:				

Please return this completed form to the office by Thursday, March 9, 2022