

CLOVIS UNIFIED SCHOOL DISTRICT

PE Minutes/Parent Monitoring Form

Reporting Parent Name Sheila Boyd

School Oraze Elementary



Month December

Teacher Name	Room Number	Grade	Date	Compliant	Non-Compliant	Additional Notes
Bernhardt	304	1		<input checked="" type="checkbox"/>		
Ogas	307	1		<input checked="" type="checkbox"/>		
Prendergast	306	1		<input checked="" type="checkbox"/>		
Thompson	303	1		<input checked="" type="checkbox"/>		
Vang	305	1		<input checked="" type="checkbox"/>		
Brew	205	2		<input checked="" type="checkbox"/>		
Eckert	203	2		<input checked="" type="checkbox"/>		
Langstraat	206	2		<input checked="" type="checkbox"/>		
Lofgren	202	2/3		<input checked="" type="checkbox"/>		
Madsen	204	2		<input checked="" type="checkbox"/>		
Marzolf	101	3		<input checked="" type="checkbox"/>		
Platt	208	3		<input checked="" type="checkbox"/>		
Salomonson	207	3		<input checked="" type="checkbox"/>		
Tafoya	201	3		<input checked="" type="checkbox"/>		
Lock	110	4		<input checked="" type="checkbox"/>		
K. Thompson	102	4		<input checked="" type="checkbox"/>		
Cooper	109	4/5		<input checked="" type="checkbox"/>		
Gustafson	107	5		<input checked="" type="checkbox"/>		
Long	108	5		<input checked="" type="checkbox"/>		
Schmidt	106	5		<input checked="" type="checkbox"/>		
Macias	105	6		<input checked="" type="checkbox"/>		
Tan	103	6		<input checked="" type="checkbox"/>		
Trujillo	104	6		<input checked="" type="checkbox"/>		

Signature Sheila Boyd

Date 12/7/17