CLOVIS UNIFIED SCHOOL DISTRICT

PE Minutes/Parent Monitoring Form

Reporting Parent Name__Michael Hoffnagle_____

School _____Cedarwood_____ **Month** March

Teacher Name	Room	Date	Compliant	Non-Compliant	Date	Compliant	Non-Compliant	Additional Notes
Butler	1	3/20	✓					
Hall	5	3/20	✓					
Sutton	2	3/20	✓					
Geil	3	3/20	✓					
Vaughn	4	3/20	✓					
Thompson	6	3/20	✓					
Torres	7	3/20	✓					
Taylor	11	3/20	✓					
Blaufuss	9	3/20	✓					
Kobayashi	8	3/20	✓					
Christensen	A	3/20	✓					
Holmes	10	3/20	✓					
Bower	12	3/20	✓					
Hill	13	3/20	✓					
Sylvia	B	—	—					
Peterson	21	3/20	✓					
Wilkins	19	3/20	✓					
Hopkins	17	3/20	✓					
Byrd	16	3/20	✓					
Althoff	18	3/20	✓					
Samuelian	15	3/20	✓					

Signature_____ **Date** 3/2018