CLOVIS UNIFIED SCHOOL DISTRICT

PE Minutes/Parent Monitoring Form

Reporting Parent Name__Michael Hoffnagle_____

School _____Cedarwood_____

Month September

Teacher Name	Room	Date	Compliant	Non-Compliant	Date	Compliant	Non-Compliant	Additional Notes
Butler	1	9/26	X					
Hall	5	9/26	X					
Sutton	2	9/26	X					
Geil	3	9/26	X					
Vaughn	4	9/26	X					
Thompson	6	9/26	X					
Torres	7	9/26	X					
Taylor	11	9/26	X					
Blaufuss	9	9/26	X					
Kobayashi	8	9/26	X					
Christensen	A	9/26	X					
Holmes	10	9/26	X					
Bower	12	9/26	X					
Hill	13	9/26	X					
Sylvia	B	9/26	X					
Peterson	21	9/26	X					
Wilkins	19	9/26	X					
Hopkins	17	9/26	X					
Byrd	16	9/26	X					
Althoff	18	9/26	X					
Samuelian	15	9/26	X					

Signature_____

Date 9-26-17