**Mendive**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PE**

This year, Washoe County School District will implement a plan for missed instruction due to being excluded from school due to Covid-19 related issues. Students will be required to complete all class assignments for those missed days.

Listed below is a workout prescribed to take place at home or a gym. This form may be used for more than one absence, if necessary.

A parent/guardian, team coach, and/or class instructor may sign to verify any activity completed.

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Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PE Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_ Period \_\_\_\_\_

Number of days absent \_\_\_\_\_\_ Dates of absence(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* number of days completed \_\_\_\_\_\_

Tip: place your cellphone stopwatch in front of you to watch the time.

Jog in Place - 1 minute

Killers - 10

Core (Mendive twist, crunches, sit ups) -25

Burpees - 10

Push ups - 5-10

Mountain Climbers - 10

 Core (Mendive twist, crunches, sit ups) -25

Squat Jumps - 10

 Push ups - 5-10

8 count body builders -10 four count

Core (Mendive twist, crunches, sit ups) -25

Lunges – stationary alternating - 10 on each leg

Push ups - 5-10

High Knees (in place) - 1 minute

Butt Kickers (in place) - 1 minute

Core (Mendive twist, crunches, sit ups) -25

Plank - 1 minute

Signature of person verifying work completed:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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P.E. Teacher’s Comments: