



To be completed by TAAG staff:

Student ID: _____

Form Code: **MRF** Version: **A** Series #: **01** Seq #: **01**

P. E. Recall Form

1. Did you go to PE class while you were wearing the physical activity monitor? (*circle one*)

YES

NO

2. If yes, which days and class periods did you go to PE?

Days (*check **all** that apply*)

Class period

- | | |
|------------------------------------|-------|
| <input type="checkbox"/> Monday | _____ |
| <input type="checkbox"/> Tuesday | _____ |
| <input type="checkbox"/> Wednesday | _____ |
| <input type="checkbox"/> Thursday | _____ |
| <input type="checkbox"/> Friday | _____ |