



2018-19 Physical Fitness Test (PFT) Request for Student Scores Correction

This form is to request a correction of the student's 2018-19 PFT scores and/or calculated results. Please attach a copy of the student's official PFT score report and a copy of the WelNet report (FocusedFitness.org).

Submit the request and documents to the school's PFT Coordinator for review and determination. You will be notified of the review status as soon as possible.

Today's Date: _____ School (where test taken) _____ Grade: _____

Student Last Name: _____ First Name: _____ MI: _____

AUHSD ID Number: _____ Date of Birth: _____

Teacher's Name who administered PFT: _____

Requestor's Name: _____ Relationship to Student: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Enter the student data to be reviewed for correction (Attach copy of original score report and any supporting documents.)

- A. **Height and Weight** - This data is required for One-Mile Run and Body Mass Index (BMI) calculations. Corrections to this data will change the results of the One-Mile-Run and the BMI.

Height: _____ feet _____ inches Weight: _____ lbs.

☐ Approve ☐ Deny

1) **Aerobic Capacity**

One-mile Run: _____ minutes _____ seconds

☐ Approve ☐ Deny

2) Pacer (20 meter): _____ Number of laps

☐ Approve ☐ Deny

B. **Abdominal Strength:** Curl-Ups: _____ number of curl-ups

☐ Approve ☐ Deny

C. **Trunk Extensor Strength:** Trunk Lift: _____ number of inches

☐ Approve ☐ Deny

D. **Upper Body Strength:** Push-Ups _____ number of push-ups

☐ Approve ☐ Deny

E. **Flexibility**

1) Back-Saver Sit and reach (Left and right sides required.)

☐ Approve ☐ Deny

Left: _____ Number of inches

Right: _____ number of inches

2) Shoulder Stretch (Left and right sides required. Y, if the students is able to touch fingertips. N, if student is not able to touch fingertips.

Left: _____ (Y or N)

Right: _____ (Y or N)

☐ Approve ☐ Deny



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For Office Use Only

Received by: _____ Date: _____

Request reviewed by: _____ Date: _____

Approved for data correction in Aeries _____ Date: _____
(Yes – No)

Rationale: _____

Requestor notified by: _____ Date: _____

Via: phone call _____ Email (attach copy) _____ U.S. Mail (attach copy): _____ Meeting: _____

Copy of this form and documents sent to the Assessment and Evaluation Office on: _____
(Date and Initials)

Date entered in Aeries by: _____ Date: _____

Aeries PFT score report sent to requestor by: _____ Date: _____

Rationale for Approval / Denial: _____

Instructions for School Staff

1. Print PFT score report from Aeries and attach to this form along with documents submitted by requestor.
2. Copy request and all documents and give to the teacher who administered PFT.
3. Teacher (or school staff) shall refer to the testing documents and WelNet report to verify scores.
4. Teacher (or school staff) reviews and determines if a correction is warranted and indicates by initialing in the box next to the item whether it's approved or denied. Indicate rationale for approval or denial.
5. Copy form and documents for the student cum file and the PFT teacher records and forward originals to the Assessment and Evaluation office.
6. Notify requestor the investigation has been completed and the district administrator will contact them.
7. District Assessment and Evaluation (or designee) will contact requestor.