



OFF-CAMPUS INDEPENDENT STUDY
PHYSICAL EDUCATION

MIDDLE SCHOOL APPLICATION PACKET

2007-2008

Revised 11/28/2006

Poway Unified School District

OFF-CAMPUS INDEPENDENT STUDY PHYSICAL EDUCATION

INFORMATION/APPLICATION

A request for independent study in physical education allows the student advanced study in activities not normally received in the on-site physical education program. The following competitive sports have been approved by the District for the Off-Campus Independent Study - Physical Education Program:

- Dance
- Equestrian
- Gymnastics
- Ice Skating
- Swimming
- Tennis

Independent physical education must be a significantly different program that involves an activity in which the applicant has become competitive at a state, regional, or national level. In the case of dance, participants must be involved in ongoing performances in the pursuance of a career in the performing arts. A major factor in determining acceptance or rejection of this request will be the difference between a recreational and a competitive program.

The nature of the activity must provide a training and weekly practice schedule minimum of 10 hours per week for middle school and 15 hours per week for high school that indicates the applicant is a serious participant. Documentation of competition and/or performance at the Regional (Northern, Central, or Southern California), State or National level must be submitted to the administrator or counselor. Examples of documentation may include:

- Videotape of performance
- Award/place/participation certificates
- Meet/event participant lists
- Newspaper listing stating participant's name

Attached are the documents necessary for participation in OCIS-PE for one semester. **Please complete and return to the office no later than March 23rd, 2007.**

OFF-CAMPUS INDEPENDENT STUDY – PHYSICAL EDUCATION INFORMATION

Continued . . .

All of the following conditions and guidelines must be met prior to OCIS-PE status:

- Submit completed Application for Off-Campus Independent Study Physical Education, including the following:
 - OCIS PE Master Agreement
 - Subsidiary Contract / Attendance and Performance Record*
(*turned in at end of grade period)
 - Verifying Signatures (student, parent, instructor)
 - Instructor’s statement of qualifications for supervision of activity
 - Proof of up-to-date first aid/CPR certification by instructors/coaches. Your student may be accepted into the OCIS-PE program on a provisional basis if the instructor/coach provides proof of registration in an approved CPR course and expected completion date of the course.
 - ☞ **If the instructor/coach does not complete required certification, course credit will not be given to student.**
 - ☞ **It is the responsibility of the instructors/coaches to provide proof of first aid/CPR certification to the school site.**
- ☞ **The instructors/coaches who submit proof of first aid/CPR certification must be in attendance during student rehearsals and/or activities.**
- Proof of certification by state or national coaching organization
 - Learning plan completed by instructor
 - Documentation of Competition / Performance
- Adhere to school site OCIS PE course requirements

If a request for Off-Campus Independent Study - Physical Education is denied, an appeal may be made by submitting a letter to: Martha Parham, Director of Alternative Programs. This letter of appeal should specifically address how the proposed activity meets the District criteria and/or reasons why the request should be reconsidered.

Your appeal will be reviewed by the District OCIS-PE Appeals Committee and you will be notified of the status of your appeal following the dates listed on the OCIS-PE calendar.

If your application or appeal is approved, you must set up a meeting you’re your Middle School Athletic Director to complete the forms in this packet required by the State Department of Education.

Poway Unified School District

**Off-Campus Independent Study
Physical Education**

CALENDAR

2007-2008

1st Semester 2007-2008 (for 1st Semester Fall Enrollment – 2007-2008):

Feb. 26-Mar. 2	Distribution of forms
March 23	Application return deadline
April 13	Notification of approval or denial
April 27	Appeals deadline
May 4	Appeals Committee meets
May 11	Notification of decision
August 31, 2007	New student application deadline (new to school district only - no appeals)

2nd Semester 2007-2008 (for 2nd Semester Spring Enrollment – 2007-2008):

October 15-19	Distribution of forms
November 9	Application return deadline
December 3	Notification of approval or denial
December 11	Appeals deadline
January 11	Appeals Committee meets
January 18	Notification of decision

**POWAY UNIFIED SCHOOL DISTRICT
OFF-CAMPUS INDEPENDENT STUDY - PHYSICAL EDUCATION**

APPLICATION

Please read the attached information regarding criteria and procedures for application for students desiring to substitute off-campus athletic participation for daily physical education instruction.

Student Name: _____ Grade: _____

School: _____

Home Address: _____

Phone: _____ Email: _____

Parents' Names: _____

Daytime Phone: Mother: _____ Father: _____

Grading Period for Application:

School Year: _____

(Circle one): Semester 1 Semester 2

(For office use)

Application approved

Application not approved - Reason _____

Date

Principal's Signature

**POWAY UNIFIED SCHOOL DISTRICT
OFF-CAMPUS INDEPENDENT STUDY - PHYSICAL EDUCATION**

MASTER AGREEMENT

SCHOOL NAME:			
STUDENT'S LAST NAME:		FIRST NAME:	BIRTHDATE:
ADDRESS (STREET):		(CITY, ZIP):	TELEPHONE W/AREA CODE
AGE:	GRADE LEVEL:	BEGINNING DATE OF CONTRACT:	ENDING DATE:
DURATION: (CIRCLE ONE) SEMESTER 1	SEMESTER 2	DATE DUE:	PLEASE RETURN TO:

UNIT PLAN FOR THIS CONTRACT

OBJECTIVES AND METHODS: A sport will be attempted during the length of this agreement.

SPORT: _____

LEVEL OF ACTIVITY: _____ Must be affiliated to a National Association.
(State, Regional, National)

GENERAL OBJECTIVES: Please include number & length of workouts per week, list of competitions, and/or new skill achievement goals. Subsidiary contracts contain additional descriptions of student's objectives and evaluation. _____

In accordance with his/her abilities and capabilities, the student will: _____

LOCATION/PLACE OF TRAININGS/COMPETITIONS: _____

AGREEMENT: We have read both pages of this agreement and hereby agree to all the conditions set forth within and to assist the student in meeting the above time and work requirements.

STUDENT'S SIGNATURE:	DATE:	PARENT/GUARDIAN/CAREGIVER SIGNATURE	DATE:
ADMINISTRATOR'S SIGNATURE:	DATE:	TEACHER SIGNATURE:	DATE:

CERTIFICATION (Completed by Teacher)

EVALUATION METHOD:			
<input type="checkbox"/> DEMONSTRATION OF SKILLS	<input type="checkbox"/> ASSIGNMENTS COMPLETED	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> ORAL PRESENTATION	<input type="checkbox"/> WRITTEN EXAMS		
EVALUATION/GRADE:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	COMMENT:

AGREEMENT STATUS REPORT

DATE BEGAN: _____	DATE COMPLETED: _____	CREDIT ATTEMPTED: _____	CREDIT COMPLETED: _____ (IF APPLICABLE)
DAYS OF ASSIGNED WORK: _____	DAYS OF COMPLETED WORK: _____	DAYS OF NON-COMPLETED WORK: _____	
EVALUATOR'S NAME:			

**POWAY UNIFIED SCHOOL DISTRICT
OFF-CAMPUS INDEPENDENT STUDY - PHYSICAL EDUCATION**

**SUBSIDIARY CONTRACT
ATTENDANCE AND PERFORMANCE RECORD**

Student Name: _____ Grade: _____ Age: _____ Date: _____

Sport: _____

Sport Description:
Objectives: The Student Will:
Evaluation Mode (office use): 1. _____ 2. _____

Date	Training Activity	Time	# of Hours	Coach Signature
		Begin - End		
		-		
		-		
		-		
		-		
		-		
		-		
		-		
		-		
		-		
		-		
		-		
		-		

Total Number of Hours _____
(10 hours per week minimum for middle school or 15 hours per week for high school)

SUPPLEMENTAL ATTENDANCE/PERFORMANCE RECORD MAY BE ATTACHED.

Coach's Comments: _____

Coach Signature:	Student Signature:
Parent/Guardian/Caregiver Signature:	Teacher Signature:

TO BE COMPLETED BY THE OUTSIDE ACTIVITY INSTRUCTOR AND ON-SITE PHYSICAL EDUCATION TEACHER. FORM SHOULD BE FILLED IN AND SIGNED BY THE COACH. STUDENT SHOULD RETURN COMPLETED FORM THE LAST WEEK OF THE SEMESTER.

**POWAY UNIFIED SCHOOL DISTRICT
OFF-CAMPUS INDEPENDENT STUDY - PHYSICAL EDUCATION**

VERIFYING SIGNATURES

Trained specialist under whom activity is performed:

Name: _____ Title: _____

Business Address: _____

Telephone: _____ Times Available: _____

Organization with which activity is affiliated:

Student's Responsibility (To be completed by the student)

I understand it is my responsibility to attend the activity as outlined for a minimum of 10 hours per week (middle school) or 15 hour per week (high school) and meet the standards expected by the instructor. I understand that I must submit time sheet logs during the last week of every quarter/trimester. **I UNDERSTAND THAT I WILL LOSE ALL HOURS EARNED AND RECEIVE A FAIL/UNSATISFACTORY IF I LEAVE THE PROGRAM FOR ANY REASON WITHOUT IMMEDIATELY NOTIFYING THE INDEPENDENT STUDY COORDINATOR.**

Signature of Student: _____

Date: _____

Parent's Awareness (To be completed by the parent)

I acknowledge that the District does not investigate the site of the activities of any program to assess potential for injury. I accept full responsibility for any injury which might occur in this activity. I am aware that, if my son/daughter fails to meet the attendance requirements set by the Poway Unified School District, the standards set by the instructor, and the 10 hours per week minimum (middle school) or 15 hours per week (high school), he/she will not meet the quarter/trimester requirement for P.E. nor receive credit.

Signature of Parent: _____

Date: _____

Instructor's Approval (To be completed by the outside activity instructor.)

I certify the above-named student attends, participates in, and meets the standards of the activity set by the instructor. I am also accepting the responsibility for personally writing nine week/quarter or twelve week/trimester evaluations, as well as keeping track of the student's Independent Study Physical Education hours in which I personally supervise the student's activity.

Signature of Instructor: _____

Date: _____

**POWAY UNIFIED SCHOOL DISTRICT
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INSTRUCTOR'S QUALIFICATIONS
(To be completed by the outside activity instructor)

Trained specialist under whom activity is performed:

Name: _____ Title: _____

Business Address: _____

Telephone: _____ Times Available: _____

Organization with which activity is affiliated:

1. Describe the training which prepared you to supervise this activity.

2. Describe your experience supervising students in this activity.

3. In what current position are you employed which qualifies you to supervise this student?

4. **PLEASE ATTACH TO THIS FORM A COPY OF:**

- **Proof of certification by state or national coaching organization**
- **Proof of up-to-date first aid/CPR certification**

<p><u>PLEASE NOTE:</u> The trained specialists/instructors/coaches who submit proof of first aid/CPR certification must be in attendance during all student rehearsals and/or activities.</p>
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POWAY UNIFIED SCHOOL DISTRICT

LEARNING PLAN

Please itemize daily activities to include day of the week, time spent in activity that day, and what activity was.

1. Amount of time/participation planned for this activity each week.

DAY	TIME	ACTIVITY

2. Where will the instruction take place?

3. Specific objectives for this semester.

4. In what state, regional, or national competition has this student previously participated?

5. What is the student's current competitive level?

6. What state, regional, national competition will the student participate in this semester?
