



OFF-CAMPUS INDEPENDENT STUDY
PHYSICAL EDUCATION

MIDDLE & HIGH SCHOOL
APPLICATION PACKET

2010-2011

Revised 2/5/2010

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 (see requirements below)
- Equestrian
- Golf
- 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. A major factor in determining acceptance or rejection of this request will be the difference between a recreational and an established qualified competitive program.

In the case of dance, participants must be an auditioned member of a studio competition team or performance company, be in pursuance of a career in the dance performing arts, and supply the additional documentation:

- Student weekly studio dance schedule - print-out from studio (must include class description, time and duration, as well as teacher's name and contact phone number).
- Copy of current Competition Team or Performance Company Contract (signed and dated).
- List of Competition Pieces and Choreographer names and contact phone numbers (minimum of three required annually - one of which may be a solo).

The nature of the activity must provide a training and weekly practice schedule with a 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 the posted due date at <http://www.powayusd.com/pusdaltprogs/OCISPE/default.shtml>**

OFF-CAMPUS INDEPENDENT STUDY – PHYSICAL EDUCATION INFORMATION

Continued . . .

ALL of the following conditions and guidelines must be met PRIOR to OCIS-PE status approval:

- 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 the expected completion date of the course is **PRIOR** to beginning of the semester.
 - ☞ **If the instructor/coach does not complete required certification PRIOR to the beginning of the semester, the application may be denied and no course credit will be given.**
 - ☞ **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 **ALL** student rehearsals and/or activities.**
- Proof of certification by state or national coaching organization
 - Learning plan completed by instructor
 - Documentation of Competition / Performance
 - Dance additional documentation requirements:
 - Student weekly studio dance schedule - print-out from studio (must include class description, time and duration, and teacher’s name and contact phone number)
 - Copy of current Competition Team or Performance Company Contract (signed and dated)
 - List of Competition Pieces and Choreographer names and contact phone numbers (minimum of three required annually - one of which may be a solo)
- 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 your school site’s OCIS-PE Administrator. 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 with your school site’s OCIS-PE Administrator to complete the forms in this packet required by the State Department of Education.



Poway Unified School District

**Off-Campus Independent Study
Physical Education**

Administrator's Check-list

- Application fully completed
- Application received on: _____
Date – also note if received on time or late
- Printout of hours from coach/studio verified as accurate and authentic (Contact Instructor)
 15 documented hours/week (HS) OR 10 hours documented hours/week (MS)
- Verified CPR AND FIRST AID training of coach PHYSICALLY working with the athlete
(MUST BE THE SAME PERSON COMPLETING THE APPLICATION)
- Verified performance/competition level by: _____
Describe item(s) used for verification

Dance Additional Documentation Requirements (if applicable):

- Studio printout of student's weekly studio dance schedule verified as accurate and authentic. (Printout MUST include class description, time and duration, and teacher's name and contact phone number)
- Copy of current Competition Team or Performance Company Contract verified as accurate and authentic (signed and dated).
- Attached list of Competition/Performance Pieces AND Choreographer Names and contact phone numbers verified as accurate and authentic (minimum of three required annually – only one of which may be a solo).

FINAL SITE DECISION:

- Application approved
- Application not approved - Reason _____
- Family notified of final site decision on: _____
Date

Date

Administrator's Signature

**ADMINISTRATOR, PLEASE FAX COMPLETED FORM TO MARTHA PARHAM'S OFFICE:
(858) 679-2531**



Poway Unified School District
Off-Campus Independent Study
Physical Education

CALENDAR

2010-2011

1st Semester 2010-2011 (for 1st Semester Fall Enrollment – 2010-2011):

| | |
|------------------------|--|
| Feb. 22-26, 2010 | Distribution of forms |
| March 19, 2010 | Application return deadline |
| April 13, 2010 | Notification of approval or denial |
| April 27, 2010 | Appeals deadline |
| May 3, 2010 | Appeals Committee meets – B-8 |
| May 11, 2010 | Notification of decision |
| August 31, 2010 | New student application deadline (new to school district only – no appeals) |

2nd Semester 2010-2011 (for 2nd Semester Spring Enrollment – 2010-2011):

| | |
|---------------------|------------------------------------|
| October 11-15, 2010 | Distribution of forms |
| November 8, 2010 | Application return deadline |
| December 1, 2010 | Notification of approval or denial |
| December 10, 2010 | Appeals deadline |
| January 10, 2011 | Appeals Committee meets |
| January 18, 2011 | Notification of decision |

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

MASTER AGREEMENT

| | | | |
|--------------------------------------|--------------|-----------------------------|-----------------------|
| SCHOOL NAME: | | | |
| STUDENT'S LAST NAME: | FIRST NAME: | MIDDLE: | 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 | | |
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| | | - | | |

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, AND THAT NOTIFICATION MAY STILL RESULT IN A FAIL.**

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, and agree to hold harmless and indemnify the District and its officers and employees. 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. **I further understand that credit is Pass/Fail and completion will not receive a letter grade.**

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 **ALL** of the student's activity.

Signature of Instructor: _____

Date: _____

THE ABOVE SIGNATURES DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF CALIFORNIA, THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT AND THAT, IF CALLED UPON TO TESTIFY, ALL SIGNING PARTIES WOULD BE COMPETENT TO TESTIFY.

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

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**

PLEASE NOTE: The trained specialists/instructors/coaches who submit proof of first aid/CPR certification must be in attendance during **ALL student rehearsals and activities.**

LEARNING PLAN

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

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?
