



# OFF-CAMPUS INDEPENDENT STUDY PHYSICAL EDUCATION

## MIDDLE & HIGH SCHOOL APPLICATION PACKET

**Spring 2017-2018 School Year**  
**Fall 2018-2019 School Year**  
Revised 7/2017

## 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:

- Competitive Individual Dinghy Sailing
- Competitive Martial Arts
- Cycling
- Dance (see requirements below)
- Equestrian
- Fencing
- Golf
- Gymnastics
- Ice Skating
- Kayaking
- Swimming
- Synchronized 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. Team sports do not qualify for independent study.

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 **PREVIOUS** 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 **PREVIOUS** 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 or Newspaper listing stating participant's name

Attached are the documents necessary for participation in OCIS-PE; the application is valid for the entire school year. Please indicate if your child only wants to participate for one semester or trimester.

If you change your coach/instructor, or a document expires during the school year, new forms need to be submitted. **Please complete and return to your school administrative office no later than the posted due date enclosed with this packet or one found on the Alternative Programs website.**

## 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) (to include separate coaches' and parents' signatures and certifications)
  - 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 Negative TB test within the last 4 years
- Proof of certification by state or national coaching organization **OR** verification of DOJ Level II fingerprint clearance **AND** proof of Commercial General Liability insurance with limits no less than \$1,000,000 combined single limit per occurrence.
- Learning plan completed by instructor
- Documentation of **previous** Competition / Performance
- Dance** documentation requirements **in addition to** the above 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 **previous** 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 (**Middle School students at schools with a rotating block must be enrolled in a full schedule of classes.**)

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 enclosed 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**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ SPORT: \_\_\_\_\_ Full Year \_\_\_ Semester \_\_\_ Tri \_\_\_

- 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)
- Proof of Negative TB test within the last 4 years.
- Proof of certification by state or national coaching organization OR verification of DOJ  
Level II fingerprint clearance AND proof of Commercial General Liability insurance with limits  
no less than \$1,000,000 combined single limit per occurrence.
- 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 **PREVIOUS** 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 ALT. PROGRAMS: (858) 679-2630**



## Poway Unified School District

### Off-Campus Independent Study Physical Education

#### 2017-18 School Year Calendar of Deadlines

❖ See second page for schools on the trimester system!

#### **For the Second Semester/**Third Quarter** of the 2017-18 School Year: (January 2018)**

October 2-6 2017	Forms available online or hard copy available to pick-up at school site
November 3, 2017	Application return deadline
December 1, 2017	Notification of approval or denial
December 8, 2017	Appeals deadline
January 4, 2018	Appeals Committee meets – Twin Peaks Center (Rm 213)
January 12, 2018	Notification of decision by mail

#### **For the First Semester/**Quarter** of the 2018-19 School Year: (August 2018)**

Feb. 5-9, 2018	Forms available online or hard copy available to pick-up at school site
March 16, 2018	Application return deadline
April 6, 2018	Notification of approval or denial
April 20, 2018	Appeals deadline
May 3, 2018	Appeals Committee meets – Twin Peaks Center (Rm 213)
May 11, 2018	Notification of decision by mail
August 31, 2018	New student application deadline ( <b>NEW TO SCHOOL DISTRICT ONLY – NOT FOR INCOMING 6<sup>th</sup> GRADERS and no appeals</b> )

**Middle School students at schools with a rotating block must be enrolled in a full schedule of classes.**



**Poway Unified School District**

**Off-Campus Independent Study  
Physical Education**

**2017-18 School Year Calendar of Deadlines**

**Trimester Schools**

**2<sup>nd</sup> Trimester 2017-2018 (for 2<sup>nd</sup> Trimester Winter Enrollment – 2017-18)**

Sep 18-22, 2017	Forms available online or hard copy available to pick-up at school site
Oct 6, 2017	Application return deadline

**3<sup>rd</sup> Trimester 2017-2018 (for 3<sup>rd</sup> Trimester Spring Enrollment – 2017-2018)**

Jan 8-12, 2018	Forms available online or hard copy available to pick-up at school site
Jan 26, 2018	Application deadline

**1<sup>st</sup> Trimester 2017-2018(for 1<sup>st</sup> Trimester Fall Enrollment – 2018-2019)**

Feb 5-9, 2018	Forms available online or hard copy available to pick-up at school site
March 16, 2018	Application return deadline

**Middle School students at schools with a rotating block must be enrolled in a full schedule of classes.**



**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 ALL THAT APPLY) SEMESTER 1    TRIMESTER 1 QUARTER 1    QUARTER 2	(CIRCLE ALL THAT APPLY) SEMESTER 2   TRIMESTER 2   TRI 3 QUARTER 3    QUARTER 4	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:	COACH/INSTRUCTOR 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		
<b>EVALUATION/GRADE:</b>	<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  
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: \_\_\_\_\_

**Parental Release of Liability and Assumption of Risk Agreement (To be completed by the parent)**

I, \_\_\_\_\_, parent of \_\_\_\_\_, agree that

If student is hurt, injured, or even dies, the student, parents, and heirs will not make a claim against or sue the District for any damages. The student, parents, and heirs fully understand that any physical education activity, involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even die. Regardless of whether or not the athletic activity involves physical contact, all athletic activities and sports have inherent risks of injury which are inseparable from the activity and cannot be entirely eliminated regardless of the care taken by players, instructors, coaches, trainers, or other staff.

While the school district may establish certain requirements in implementing the Off Campus Independent Study Physical Education Program, neither the District nor its schools are responsible for the quality or conditions of the instruction involved with this program in that it involves physical activities which are off of District premises and are not organized or supervised by the school district. I acknowledge and willingly assume all risks and hazards of potential injury and death, which may arise out of participation in this Off Campus Independent Study Physical Education Program, including transportation to or from any such program.

In consideration for the District allowing the student to participate in this Off Campus Independent Study Physical Education Program, the parents and student both voluntarily agree to release, waive, discharge and hold harmless the District, its Board of Trustees, officers, employees, volunteers, and agents from any and all claims of liability arising out of their negligence or any other act or omission which causes the student illness, injury, death and damages of any nature of any way connected with the student's participation in this program.

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/Coach Agreement (To be completed by the outside activity instructor.)**

I, \_\_\_\_\_, agree to be the Instructor/Coach for this student's OCIS-PE agreement. Instructor/Coach agrees to defend, indemnify, and hold harmless the Poway Unified School District. Instructor/Coach further agrees to maintain at its sole expense Commercial General Liability insurance with limits no less than \$1,000,000 combined single limit per occurrence for personal injury and/or property damage. Instructor/Coach shall provide the District with a certificate of insurance evidencing all required coverage.

I agree to certify the above-named student attends, participates in, and meets the standards of the activity set by the instructor. I accept the responsibility for personally writing evaluations each term (nine week quarter, twelve week trimester, or eighteen week semester). I agree to track the student's Independent Study Physical Education hours and to **personally** supervise **ALL** of the student's activities related to this agreement.

*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.

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2. Describe your experience supervising students in this activity.

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

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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**
- **Proof of negative TB testing within last 4 years**
- **Proof of Commercial General Liability Insurance with limits no less than \$1,000,000 combined single limit per occurrence.**
- **DANCE: Official/Sealed DOJ level fingerprinting results**

<p><b><u>PLEASE NOTE:</u> The trained specialists/instructors/coaches who submit proof of first aid/CPR certification must be in attendance during <b>ALL</b> student rehearsals and activities.</b></p>
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## 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?

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3. Specific objectives for this semester.

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

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

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

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