

STUDENT NAME _____

ID # _____

GRADE _____

ADVISOR _____



SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

**INDEPENDENT STUDY IN
PHYSICAL EDUCATION
2017-2018
APPLICATION PACKET**
REVISED February 2017

School Site:

- John Adams MS
- Lincoln MS
- Malibu MS
- Malibu HS
- Santa Monica HS

----- OFFICE USE ONLY -----

Application reviewed by _____ on _____, 20_____.

Application **APPROVED / PENDING** (see highlighted) / **DENIED** (due to the following reason(s))

(*If denied you may contact the site administrator to request a meeting to review the reasons for denying the application.)

Administrator Signature

Date

Applications must be submitted to the administrator in charge no later than April 21, 2017

OVERVIEW

Independent Study in Physical Education (ISPE) is an educational option designed by the California Department of Education (CDE) and approved by the Santa Monica-Malibu Unified School District (SMMUSD). ISPE affords students the opportunity to extend physical education learning activities beyond the school campus and regular school hours. ISPE allows the student advanced study in activities not normally available in the District's physical education program. ISPE must be a significantly different program that involves an activity in which the applicant has become **highly competitive** at a state, regional, or local level. ISPE is available to any new or continuing student entering grades **6-12**. **ISPE** application/agreements are available at all secondary school sites. The school site administrator is responsible for informing new and returning student of the availability of ISPE as part of the orientation process. Site administrators authorize, supervise and monitor all ISPE activities and contracts. A major factor in determining acceptance or rejection of this request will be the difference between a **recreational** and a **competitive** program.

If any student is seeking less than a 6th period day, the student and guardian must meet with the Principal or Principal's administrative designee.

All of the following conditions and guidelines must be met by Friday, April 21, 2017:

- Application form and all included paperwork shall be completed and submitted to the site administrator in charge of ISPE by the above date.
- Verifying Signatures from the applicant, the applicant's parent/guardian, and the applicant's instructor/coach.
- Instructor's Qualifications for supervision of activity.
 - Proof of Instructor's Certification by state or national coaching organization or degree which shows competency in area of designated instruction.
 - Resume
- Learning Plan completed by the instructor/coach and must be aligned to California Physical Education Standards.

If the Principal denies the application an appeal may be made by submitting a letter to the SMMUSD Director of Secondary Curriculum and Instruction. Your appeal will be reviewed and if approved, you must set up a meeting with the site administrator to complete the required forms within a timely manner.

ISPE DOCUMENTATION, SUPERVISION, AND COURSE CREDIT/GRADING POLICY

A. Criteria for ISPE Programs

1. Student is ranked by an athletic association in an individual sport or performs at an advanced level in a physically active performing art.
2. Student is a member of a team for sport not offered at school; the team practices and competes on schedule comparable to a high school sport in season. ISPE programs comprised of sport offered at school may not be approved.
3. Student must be in grades 6 -12.
4. Approved ISPE programs must engage participants for a **minimum of 200 minutes for each 5 school days (weekend events not included)**, in physical activity, support personal growth, and promote healthy living and physical activity as lifelong goals and adhere to the state's content standards in physical education.
5. Approved ISPE programs must be structured programs taught by qualified individuals responsible for supervising, documenting and verifying student participation, progress and performance. Parents will not be approved as a supervising coach for his or her child.
6. Working out at a gym (yoga, weights, etc.) or with a personal trainer does NOT qualify for ISPE.
7. ISPE students MUST pass 5 of 6 tests in the previous California Physical Fitness Test (PFT).
8. ISPE students in 7th and 9th grades must participate in the California Physical Fitness Test (PFT).
9. ISPE students **MUST** have passed ISPE or PE class the previous year with a C- or higher. Not passing the previous year's class is grounds for automatic disqualification. ISPE cannot be used to make-up a failing grade in physical education. If a student Fails ISPE during the first or second semester they will be dropped from the class and will not be eligible to enroll in future ISPE classes.
10. Student have an educational need for ISPE.

B. ISPE Application/Agreement Process, Review Procedure and Timeline

1. An ISPE Application/Agreement Form is completed and submitted to site administrator no later than the date identified on the cover page of the ISPE application prior to the start of the next school year.
2. Site administrator or designated committee reviews each application, determines if proposed ISPE program meets necessary requirements, notifies applicant of his or her decision and oversees the completion of all ISPE requirements per the agreement. Students will be contacted regarding status prior to the start of the next school year.
3. Students must apply every year for ISPE. There is no **mid-semester or mid-year** entry into ISPE.
4. School functions (field trips, detentions, guided studies, etc.) take priority over outside activities and student must attend even if interfering with their sport.

C. Requirements for Participation in Independent Study in Physical Education

Applicant, under the authorization and supervision of his or her parent or guardian, agrees to:

1. Complete and submit the attached ISPE Application/Agreement Form by the deadline.
2. Receive approval from the site administrator prior to starting any ISPE-designated activity.
3. Complete and document a **minimum of 200 minutes** of physical education learning activity for each 5 school days for the duration of each term. **These minutes cannot be a part of any school activity: curriculum, athletics, or clubs.**
4. **Complete and submit the ISPE Student Activity Log (see attached) on the day prior to the end of each grading period. All necessary signatures verifying activity must be completed by the due date. Incomplete or late forms will not be accepted.**
5. Student must maintain a 2.0 GPA and have no "F" grades.
6. Attach verification of competitions or performances to the Activity Log.

D. Grading and Credit Policy

1. ISPE students will receive a grade of PASS (P) or FAIL (F).
2. Course credit is earned when a grade of PASS is earned at the end of the semester.
3. A passing grade is earned by satisfactorily fulfilling ISPE agreement including submitting complete and accurate ISPE Activity Logs. All paperwork must be submitted on time.
4. Students turning in the Activity Log Form **late** will receive a grade of Fail (F) on their progress report. This grade will not be changed until the final semester grade is recorded.
5. The site administrator or designee will review the ISPE agreement for a student who fails to satisfactorily fulfill one or more parts of the ISPE agreement.

SMMUSD Off-Campus Independent Study Physical Education Application Packet

Name: _____ ID: _____ Grade: _____

APPLICATION

(To be completed by the applicant and/or the applicant's parent/guardian)

Please print or type all information clearly.

_____ Student Last Name	_____ Student First Name	_____ Student I.D. #
_____ School	_____ Next Year's Grade	
_____ Parent/Guardian Name	_____ Home Phone	_____ Work Phone
_____ Home Address	_____ Home City	_____ Zip
_____ Parent Email	_____ PE Grade in Previous Semester	

School Year for Application: 20 - 20
School Year

Briefly explain why this proposed ISPE course of study is requested and should be considered as a substitute for regular attendances and participation in the required school physical education program. What is the educational need for ISPE? If appropriate, list electives that will take the place of PE in your schedule (example, immersion, AVID classes)

Please describe how many hours per week of learning an activity are included in the proposed ISPE course of study and how the time will be used? (Minimum of 200 minutes each school week)

Name: _____ ID: _____ Grade: _____

VERIFYING SIGNATURES

Fitness Organization/Trained specialist under whom activity is performed:

Instructor Last Name

Instructor First Name

Organization

Title

Address

City

Zip

Email Address

Home Phone

Work Phone

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

I understand that it is my responsibility to attend the activity as outlined for a minimum of **200 minutes per 5 days** and meet the standards expected by the instructor. **I understand that I must submit the Attendance and Performance Record and time sheet logs during the last week of every grading period.**

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 understand that the SMMUSD 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 forth by SMMUSD, the standards set by the instructor, and the 200 minutes per 5 school days minimum, he/she will not meet the semester 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 to keep track of the student's ISPE hours in which I personally supervise the activity at a minimum of 200 minutes per 5 school days.

Signature of instructor: _____

Date: _____

Name: _____ ID: _____ Grade: _____

ISPE INDEMNIFICATION

The ISPE applicant and his/her parent or guardian shall indemnify, defend and hold harmless, to the maximum extent permitted by law, the Santa Monica-Malibu Unified School District and its officers, Board Members, agents, employees, and representatives (“related parties”), from and against any and all liability, suits, actions, proceeding judgments, claims, losses, costs (including attorney’s fees), liens, damages, injuries (whether in contract or in tort, including personal injury, accidental death or property damage, and regardless of whether the allegations are false, fraudulent or groundless), relating to the applicant’s participation in any and all ISPE activities listed under this ISPE agreement or any activities engaged in by the applicant in the use of any equipment, transportation or facility related to completion of this agreement. In addition, parent-guardian accepts full responsibility for student transportation to and from any ISPE learning activity and financial liability for any and all criminal acts, accidents, injuries, illnesses or death that could occur as a result of the student’s participation in any ISPE-related physical education/sports learning activities.

I hereby certify that the information provided as a part of this application is true and accurate.

I agree to abide by all ISPE rules and regulations described in this application/agreement.

Parent/Guardian Signature (If student is under the age of 18)

Date

Student Signature

Date

Name: _____ ID: _____ Grade: _____

PRIMARY ISPE INSTRUCTOR/COACH INFORMATION

(To be completed by the outside activity instructor)

Please print or type all information clearly.

Instructor Last Name

Instructor First Name

Organization

Title

Address

City

Zip

Email Address

Home Phone

Work Phone

Answer all the following questions as specifically as possible where applicable.

Describe the training that prepared you to supervise this activity. (Attach resume and related certifications)

In what position are you currently employed which qualifies you to supervise this student?

What is the primary location where the proposed ISPE learning activities will take place?:

Facility Name

Phone

Address

City

Zip

Attach a copy of the following documents

- Proof of certification by state/national coaching/other certification in the area you will be instructing the student
- Resume describing the instructor/coach's qualifications.

Name: _____ ID: _____ Grade: _____

ISPE LEARNING PLAN

(To be completed by the outside activity instructor)

PLEASE NOTE: the trained specialist/instructors/coaches who submit proof of first aid/CPR certification must be in attendance during student rehearsals and or activities.

Please print or type all information clearly. **Use additional sheets if needed.**

Amount of time/participation planned for this activity each week. If available attach a calendar of competitions or performances.

What are the specific objectives for this semester and how do they address the **California State Physical Education Standards**? Include a Detailed description of activity.

What is the student's current competitive level/ranking?

In what state, regional, or national competition has this student previously participated in, and will they participate in this semester?

SMMUSD Off-Campus Independent Study Physical Education Application Packet

Name: _____ ID: _____ Grade: _____

SIGNATURE SHEET

To be completed by the student, student’s advisor, and Administrator indicating that each party has a copy of the completed and approved/denied application. It is the responsibility of the student and the student’s advisor to maintain their copy as a record.

“The following signature certifies that I have been provided a copy of my approved/denied SMMUSD Off-Campus ISPE Application Packet.”

Student Printed Name

Student Signature

Date

Parent Printed Name

Parent Signature

Date

“The following signature certifies that I have been provided a copy of my student’s approved/denied SMMUSD Off-Campus ISPE Application Packet.”

Counselor Printed Name

Counselor Signature

Date

“The following signature certifies that I have provided a copy of the above referenced student’s approved/denied SMMUSD Off-Campus ISPE Application Packet to the student and the student’s advisor.”

Administrator Printed Name

Administrator Signature

Date

Incomplete applications will not be considered for approval. Make sure you have included the following prior to submitting the application:

- Application form and all included paperwork shall be completed and submitted to the site administrator in charge of ISPE.
- Verifying Signatures from the applicant, the applicant’s parent/guardian, and the applicant’s instructor/coach.
- Instructor’s Qualifications for supervision of activity.
 - Proof of Instructor’s Certification by state or national coaching organization or degree which shows competency in area of designated instruction.
 - Resume
- Learning Plan completed by the instructor/coach and must be aligned to California Physical Education Standards.

Name: _____ ID: _____ Grade: _____

FOR ADMINISTRATIVE USE ONLY

Eligibility Requirements:

Yes No Student is in 6th thru 12th grade.

Yes No Student is ranked by an athletic association in an individual sport or performs at an advanced level in a physically active performing art.

Yes No Student has a grade point average of C- or higher, including PE. ISPE is not being used to make-up a failing grade in physical education.

_____ Grade in Previous Semester Physical Education.

Yes No Student passed minimum 5 of 6 physical fitness standards in previous state Physical Fitness Assessment. (Record P of F for PFT results)

_____ Aerobic Capacity _____ Abdominal Strength _____ Upper body Strength
_____ Body Composition _____ Trunk Extensor Strength and Flexibility
_____ Flexibility

Yes No Student is a member of team for a sport not offered at school; the team practices and competes on schedule comparable to a high school sport in season. ISPE programs comprised of a sport offered at school may not be approved.

Notes: _____

Yes No Student has a necessary educational need for ISPE. Requesting a second elective meets this criterion (TA elective does not fulfill this need).

Notes: _____

Yes No ISPE Program is a full year program, Semester 1 and Semester 2

ISPE Program:

Yes No Proposed ISPE program engages student for a minimum of 200 minutes for each 5 school days.

Yes No Proposed ISPE program engages student in physical activity, supports personal growth, and promotes healthy living and physical fitness as lifelong goals.

Yes No Proposed ISPE program is a structured program taught by a qualified individual responsible for supervising, documenting, and verifying student participation, progress, and performance. Parents will NOT be approved as a supervising instructor/coach for his or her child.

Approval:

Yes No **Student is approved for ISPE.**

Notes: _____

Administrator/Designee's Signature: _____ Date: _____