

Student/Parent review Criteria for ISPE
 To be eligible, students must meet several criteria: Ongoing participation in a competitive activity for at least three years Be instructed by a certified coach Compete in at least 400 minutes of activity per 10 school days Grade of 'B' or higher in P.E. previously Completion of the Physical Fitness Test in Grades 5 and 7 The program belongs to a recognized organization (i.e., Royal Academy of Dancing, U.S. Tennis Association, etc.) Supervised by their certified coach during ISPE Remain active in the program for the entire school year. Dismissal from the program for any reason will result in a failing grade or reenrollment in Physical Education Submit Activity Log and grade reports by the established deadlines Completed application packet and meets criteria for ISPE as outlined in Administrative Regulation No. 6158.1 (attached)
Student/Parent complete "Contract Form A"
Coach/Instructor complete "Coach/Instructor Information Form B"
Attach copy of Coach/Instructor proof of certification
Return completed packet to your School Counselor by June 1, 2022
*Due to scheduling deadlines, late applications cannot be accepted
FOR OFFICE USE ONLY
All completed documents received by deadline
Instructor verified liability insurance
Instructor provided proof of certification
Principal Approval:

Student's schedule updated on: ______ By: _____



Contract Form A 2023-24 To be completed by Parent and Student

Student Name: DOB:				OB:				
Activity to be studied: Grade (2023-24)				ade (2023-24):				
Coa	ch/Instructor Name:							
(Coa	ach must show proof of ce	rtification and will	be contacted to verify the	following information)				
1.	Name of Business:							
2.	Business Phone Numb	susiness Phone Number:						
3.	Total number of hours	this student recei	ves a teaching lesson or su	pervised practice each				
	week. (Must equal a m	week. (Must equal a minimum of 400 minutes per 10 school days)						
4.	For how many years ha	as this student rec	eived instruction in this fie	d?				
5.	For how many years ha	as this student rec	eived instruction from this	coach?				
6.	For how many years ha	s this student be	en a competitor?					
7.	What is the student's o	ompetitive experi	ence? List awards and plac	ces taken in				
	competition.							
any all r Phy eve	liability incurred during the equirements outlined in A sical Education. Parent unnt that specific regulations	e period of this In dministrative regi derstands the Dis or timelines are n		. Parent agrees to follow a for Independent Study entract at any time in the				
		•	tudy Physical Education G					
ine	school counseling departn	ient or online at c	unha.schoolloop.com/cou	nseling.				
Stud	dent Signature	Date	Parent Signature	 Date				



Coaches/Instructor Information Form B 2023-24 To be completed by Coach/Instructor

Studer	nt Name: DC	DB:
Coach	n/Instructor Name:	
1.	Name of Business:	
2.	Business Address:	
3.	Business Phone Number:	
4.	Business License Number:	
5.	Do you have liability insurance? (circle): YES NO	
6.	Name of Insurance Company:	
7.	I hold the following credentials/degrees/certification:	
8.	How many years has this student received instruction from you?	
9.	Please indicate the ranking this student presently holds:	
10.	Describe the ranking procedures for your sport:	
11.	What is the name of the Regional and/or National organization that	ranks your competitors



12.	What r	nethod(s) is u	sed to deterr	nine the student	's level of skill	competition?	
13.	What is the student's competitive experience? List awards and places taken in competition:						
14.	How many years has this student been a competitor?						
15.	Do you	ı consider this	student to b	oe a superior ath	lete in their sp	ort? (circle): `	YES NO
named on my	studen recomn	t's state midd	dle school ph nd agree to d	o the best of my nysical education complete the rec named field.	n credits will b	e determined	largely based
Instru	ctor Sigr	nature	 Dat	re			
**Stud	ents will	a copy of pro receive quar counselor.	-	ertification. heets to be com	pleted by you	and returned	by the student
	write i		lled hours e	ach day that th	is student red	ceives a teacl	hing lesson or
Su	nday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			Total Ho	ours:			



Administrative Regulation 6158.1 Instruction Criteria for Independent Study - Physical Education

Any student applying for Independent Study Physical Education must meet the following criteria:

- 1. The student applying for Independent Study P.E. must have an established background and regularly compete (outside of class) in the physical activity for which the student is requesting independent study. (Minimum of three years)
- 2. The independent study program must include at least 400 minutes per 10 school days.
- 3. The student applying for Independent Study P.E. must successfully complete the California Department of Education Physical Test administered in grades 5, 7 and 9.
- 4. The student must have a coach, teacher, or instructor who is either certified or qualified in their expertise. A copy of their certification must accompany the application for Independent Study P.E. and be on file at the school of enrollment.
- 5. The program the student is electing to adopt as their P.E. program must be part of a larger network of professionals or member of an association (i.e., Royal Academy of Dancing, United States Tennis Association, United States Figure Skating Association, etc.).
- 6. The student must be supervised during Independent Study P.E. by the Coach, or certified instructor.
- 7. The independent study program must have a specific curriculum with goals and objectives. There must be a periodic assessment of the student's progress. The instructor must be able to submit grades and attendance to the school of enrollment in a timely manner.
- 8. The school is responsible for providing a grading packet to the instructor and also is responsible for notifying the instructor of grade deadlines. All final grades will be determined by the District independent study teacher.
- 9. The school or district administrators have the right to observe an independent study session at any time upon first notifying the coach or instructor.
- 10. The independent study program and its goals must meet the physical education curriculum standards adopted by the Cabrillo Unified School District as outlined in the CUSD Physical Education Course of Study and Curriculum Guide (pp. 33-35) and the Physically Educated Student: Definition and Outcomes (pp. 73-75) of the California State Board of Education Physical Education Framework, published 1994.
- 11. For physical activity programs that take place outdoors, an alternative plan for inclement weather needs to be provided.
- 12. The location of the facility or area of activity must be provided with address and telephone.
- 13. A disclaimer of liability of CUSD must be signed by the parent or guardian.
- 14. The certified coach, teacher, or instructor is required to provide a written report, or to attend a regularly scheduled meeting with the district independent study teacher in accordance with Policy 6158 to review progress.

Regulation CABRILLO UNIFIED SCHOOL DISTRICT approved: December 11, 2008 Half Moon Bay, California



Grading Report

	_ Year:	
Grade (circle one):	Pass	Fail
Work Habits		
Attendance		
Other Comments		
Instructor Signature:		
Grade (circle one):	Pass	Fail
Activity Logs Completed		

You must earn passing grades from both your instructor and counselor in order to continue in Independent Study PE