Please check off each requirement to be met providing evidence that can be collected and assessed. Attach any supporting documents and number them as they relate to each item. Please note that all criteria must be met in order to be considered for Independent Study Physical Education.

Freshmen are not eligible—this is to ensure that all students are exposed to a well-rounded Physical Education curriculum and participate in a series of state-mandated physical performance tests later in ninth grade. The State of California requires two years of high school Physical Education coursework for graduation. This program allows up to one of those years to be taken as Independent Study for students participating in sports not offered at PAUSD high schools. Permission is granted one semester at a time. More information regarding Physical Education requirements can be found at the California Department of Education’s Physical Education “Frequently Asked Questions” page (http://www.cde.ca.gov/pd/ca/pe/physeducfaqs.asp). Any questions regarding this program or checklist should be directed to the Physical Education Instructional Supervisor at your school.

Please ✓

1. The activity is not offered by the high school as an interscholastic sport.

   Evidence:

2. The activity will occur under the supervision of a Supervising Instructor/Coach who has the appropriate training and expertise to provide the level of instruction required for the activity.

   Evidence:
3. The student has a minimum of three (3) years prior experience in the activity. Qualifying experience is year-round instruction/training on a 5-6 days per week average.

Evidence:
4. The activity involves skill improvement sessions 5-6 days per week.

   Evidence:

5. Students practice/trains a minimum of 15 hours per week under appropriate supervision of a qualified Instructor/Coach.

   Evidence:

6. Student must have met 5 of 6 fitness standards during 9th grade PE as determined by California Fitness test. It can be clearly demonstrated that the Physical Education Standards for the grade level can be met through the activity. The areas of study for the Physical Education curriculum include:

   • Effects of physical activity upon dynamic health
   • Mechanics of body movement
   • Individual and dual sports
   • Team sports

   Specifically, we expect that students learn the content in Course 2 of the High School State Standards in Physical Education. Those standards can be found on the California Department of Education’s website:


   Evidence:
INDEPENDENT STUDY PHYSICAL EDUCATION

THE INTENT

Approved Independent Study Physical Education activities will ensure that students complete and pass the fitness, skill, attitude, content, and participation standards of a balanced physical education program as defined by the Physical Education Standards for California Schools.

The purpose of Independent Study Physical Education is to provide options for students to engage in alternative pathways for which they can receive physical education credit towards graduation.

Participation: If approved, Independent Study Physical Education will account for one semester or up to one year of Physical Education credit toward graduation from High School. This will be approved only under appropriate circumstances. Freshman and middle school students are not eligible for Independent Study Physical Education.

Double exemptions for Independent Study Physical Education and athletic team participation are not possible. A student may choose either Independent Study Physical Education or, if eligible, participation on a Palo Alto Unified School District sponsored athletic team. A student may choose one or the other during any one semester.

The nature of Independent Study Physical Education is that it allows students to pursue individual interests in long term training programs that create a substantial drain on the student’s energies and that add a significant commitment of time beyond the regular school day. At the same time, it ensures that the student receives the benefits and outcomes of a balanced physical education program. Independent Study activities should allow students to continue to build individual skills in their area of interest and expertise, and be consistent with the following criteria:

1. The Independent Study activities will occur under the supervision of an Instructor/Coach who has the appropriate training and expertise to provide the level of instruction required for the activity. The Instructor/Coach will maintain contact as asked with the PAUSD Physical Education Instructional Supervisor.
2. The student has a minimum of three years prior experience in the activity. Qualifying experience is year-round instruction/training on a 5 - 6 days per week average.
3. The activity involves skill improvement sessions 5 - 6 days per week.
4. Students practices/trains a minimum of 15 hours per week under appropriate supervision of a qualified Instructor/Coach.
5. It can be clearly demonstrated that the Physical Education standards for the grade level can be met through the activity.
PROCEDURES/GUIDELINES

1. The objectives and expected outcomes for the activity along with the anticipated dates of the student’s participation must be clearly defined.
2. The Instructor / Coach will provide assessment updates at the end of the quarter and semester.
3. The Instructor / Coach will agree to provide a written assessment at the completion of the activity to verify achievement of the stated objectives.
4. The student will submit the application by the second week of the semester for each semester of Independent Study participation.
5. Students may not be excused early from school to engage in Independent Study activities.
6. Once approved for Independent Study Physical Education, the student will be responsible for:
   a. Assuring that the necessary written verifications are completed and provided at the designated times. This includes keeping a daily Independent Study Physical Education Log on the form provided, and
   b. Submitting the final log and evaluation for each grading period to the Physical Education Instructional Supervisors at his/her school by Tuesday of the week in which the quarter/semester ends.
7. Independent Study Physical Education students will attend Physical Education class as requested for any required physical fitness testing.

For additional information, please contact the Physical Education Instructional Supervisor at your student’s school. California Physical Education Standards can be found at the website below. Tenth grade standards are equivalent to “High School Course 2.”

Physical Education Model Content Standards for California Public Schools:
INDEPENDENT STUDY PHYSICAL EDUCATION AGREEMENT

Name of Student: __________________________ (Last) __________________________ (First)

Sport/Activity: __________________________ Email Address: __________________________

Major Objectives/Outcomes For The Activity: __________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Anticipated Dates For This Activity: _________________________________________________

________________________________________________________________________________

Grade Level: __________________________ Counselor/Advisor: __________________________

Semester/Year: __________________________ Date of Application: __________________________

Physical Education Class Student Is Enrolled In: _______________________________________

STUDENT AGREEMENT:

I understand and agree to follow the course of the physical education and to assume the responsibilities described in this agreement.

Student Signature: __________________________ Date: __________________________

PARENT OR GUARDIAN AGREEMENT:

I request that the independent study physical education defined on this agreement be approved for my child. I certify that my child’s program meets all of the qualifications on the Independent Study Physical Education Checklist and will provide additional evidence if requested.

Parent/Guardian’s Signature: __________________________ Date: __________________________

PHYSICAL EDUCATION INSTRUCTIONAL SUPERVISOR AGREEMENT:

Approval is granted for this request as submitted.

Instructional Supervisor Signature: __________________________ Date: __________________________

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INSTRUCTOR / COACH AGREEMENT

Name of Instructor/Coach: ____________________________

Organization: ______________________________________

Address __________________________________________

Please describe your expertise, experience, and training in coaching or instructing this activity:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

INSTRUCTOR / COACH AGREEMENT:

I believe the objectives that have been identified for this Independent Study by the student named in this agreement can be achieved, and I agree to supervise the student’s Independent Study Physical Education activities as stipulated in the agreement. I further agree to complete and submit the attached Assessment and Evaluation Form at the end of the quarter and semester.

I understand that I must provide instruction that is appropriate and consistent with the expectations defined in the Physical Education Standards for California Public Schools.

Signature: ___________________________________________ Date: ____________

Phone Number: (Day)__________________________ (Evening)____________________

Email: ________________________________

This completed application must be submitted to the Instructional Supervisor for Physical Education at the student’s school no later than the second week of the semester.
INDEPENDENT STUDY PHYSICAL EDUCATION
ASSESSMENT AND EVALUATION FORM

(To be completed by the Instructor/Coach)

Student Name: _____________________________________________

Objectives and Expected Standards For This Activity:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Grading Period Status Report on Student Progress Towards These Objectives and Standards:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Instructor/Coach Assessment of This Student’s Work:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Grade (circle one): Pass / Not Passing Date: _________________

I certify that the California Physical Education Standards for this student’s grade level have been
met during this grading period.

Signature of Supervising Instructor: ________________________________

***Please note that this form and the following Independent Study Physical Education Log is
to be submitted to the Instructional Supervisor for Physical Education at the student’s school
by Tuesday of the weeks in which the quarter and semester end.***
INDEPENDENT STUDY PHYSICAL EDUCATION LOG

(To be completed by the student with appropriate signatures and submitted to the Physical Education Instructional Supervisor as noted in the procedures/guidelines)

Name_________________________________________Month______Year___________

Grade Level:_____________Sport/Activity:_____________________________________

To complete the Independent Study Log Calendar:
1. Identify the appropriate dates on the calendar.
2. Note hours and achievements on the calendar on a daily basis.
3. Identify the nature of the daily activity as a workout, competition, or performance.

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Average number of hours weekly:________________

Monthly goal:___________________________________________________________

My assessment of having reached my monthly goal:

________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Student’s Signature:_______________________________________Date_________________

Parent’s Signature:________________________________________Date_________________

Instructor’s / Coach’s
Signature:_______________________________________________Date_________________