

**Temecula Valley Unified School District**

**OFF-CAMPUS INDEPENDENT STUDY  
PHYSICAL EDUCATION**

**HIGH SCHOOL &  
MIDDLE SCHOOL  
APPLICATION PACKET**

**2020-2021**

Temecula Valley 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
- Other

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. Board Policy prohibits team sports for Off-Campus Independent Study Physical Education.

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 must be a solo). Dance must have competed or regionally performed solo, in major production, in prior sessions.

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 that 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 on semester. **Please complete and return to Temecula Valley Unified School District, Attn: Director of Curriculum, Instruction & Assessment, 31350 Rancho Vista Road, Temecula, CA 92592.**

OFF-CAMPUS INDEPENDENT STUDY – PHYSICAL EDUCATION *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 instructor/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 (parent of athlete may not be coach)
- Learning plan completed by instructor
- Documentation of Competition/Performance at high levels
- Dance additional documentation requirements: 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 contract phone numbers (minimum of three required annually – one must be a solo).

Adhere to school site OCIS-PE course requirements

It is the parent/student responsibility to provide all paperwork in accordance with timelines.

**If a request for Off-Campus Independent Study – Physical Education is denied, an appeal may be made by submitting a letter to Temecula Valley Unified School District, Attn: Director of Curriculum, Instruction & Assessment, 31350 Rancho Vista Road, Temecula, CA 92592.** 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 OCIS-PE Administrator to complete the remaining forms in this packet, as required by the State of California Department of Education.**

Temecula Valley Unified School District

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District Administrator's Check-List

Student Name: Grade:

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 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)

Dance additional documentation requirements: 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 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 – one must be a solo).

**FINAL SITE DECISION:**

Application approved

Application not approved – Reason: \_\_\_\_\_

Family notified of final site decision on: \_\_\_\_\_

Date \_\_\_\_\_

Date Administrator's Signature

Temecula Valley Unified School District

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**CALENDAR**

**2020-2021**

**1<sup>ST</sup> Semester 2020-2021** (for 1<sup>st</sup> Semester Fall Enrollment – 2020-2021)

April 21-May 1, 2020	Distribution of forms
May 13, 2020	<b>Application return deadline</b>
May 29, 2020	Notification of approval or denial
June 8, 2020	Appeals deadline
June 12, 2020	Notification of decision
July 27, 2020	<b>New</b> student application deadline* (new to school district only-no appeals)

**2<sup>nd</sup> Semester 2020-2021** (for 2<sup>nd</sup> Semester Spring Enrollment – 2020-2021)

September 28-Oct. 2, 2020	Distribution of forms
October 23, 2020	<b>Application return deadline*</b>
November 6, 2020	Notification of approval or denial
November 30, 2020	Appeals deadline
December 14, 2020	Notification of decision

**\*Due to class scheduling difficulties no late applications will be accepted.**

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OFF-CAMPUS INDEPENDENT STUDY – PHYSICAL EDUCATION

**APPLICATION**

Please read the attached information regarding criteria and procedures for application for students desiring to substitute off-campus athletic participation for daily physical education instruction.

Student Name:

Grade:

School:

Street Address:

City:

State:

Zip:

Phone:

Email:

Parents' Names:

Daytime Phone Mother:

Father:

Period of Application (**note: only one semester**; a new application is required each semester):

School Year:

(Check only one:)

- Semester 1
- Semester 2

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	

**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 Signature	Date:
District Administrator's Signature	Date:	Coach's Signature	Date:

**Certification** (Completed by site Administrator)

<b>Evaluation Method:</b> <input type="checkbox"/> Demonstration of Skills <input type="checkbox"/> Oral Presentation:	<input type="checkbox"/> Assignments Completed <input type="checkbox"/> Written Exams <input type="checkbox"/> Other
<b>Evaluation/Grade:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Comments:</b>

**Agreement Status Report**

Date Began: _____ Date Completed: _____ Credit Attempted: _____ Credit Completed: _____.
Days of Assigned Work: _____ Days of Completed Work: _____.
Evaluator's Name: _____

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**Subsidiary Contract**

**Attendance and Performance Record**

Sport Description:
Objectives: The Student Will:
Evaluation Mode ( office use):  1. _____ 2. _____ .

Date	Training Activity	Time		# of Hours	Coach Signature
		Begin	End		

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 \_\_\_\_\_

\_\_\_\_\_

Coach Signature:	Student Signature:
Parent/Guardian Signature:	Administrator Signature:

**TO BE COMPLETED AND SIGNED BY THE OUTSIDE ACTIVITY INSTRUCTOR (COACH), STUDENT, AND PARENT. STUDENT SHOULD RETURN COMPLETED FORM TO THE SHCOOLS ADMINISTATOR THE LAST WEEK OF THE SEMESTER. ON-SITE ADMINISTRATOR SIGNS COMPLETED FORMS UPON RECEIPT.**





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 hours 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 Temecula Valley 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 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.

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**Instructor's Qualifications**

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

**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.

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Instructors Signature

Date

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**Learning Plan**  
**(To be completed by student's coach)**

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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