Northshore School District #417

Off-Campus Instruction/Activity PE Credit Waiver Instructions

In accordance with Northshore School District Policy 2410 (Graduation Requirements) and RCW 28A.230.50, students may waive a maximum of 1.0 credit toward the Physical Education (PE) credit requirement upon meeting the following requirements:

- The activity must be provided through a registered non-profit or for-profit organization under the instruction of a qualified adult coach/instructor. At the request of the school, participants will be required to provide documentation as evidence that the organization is registered and/or the instructor/coach is appropriately qualified.
- If the activity is a competitive sport, the organization must hold regularly scheduled practices and/or competitions/performances. If the activity is non-competitive, the activity must be instructional in nature. Individual work-outs or drop-in sports do not qualify.
- The student must complete the duration or season of activity, even if the student has met the minimum of 90 hours of physical activity prior to the completion of the season or duration of the activity. Students are required to keep track of their participation hours daily by completing the *Off-Campus Instruction Activity Log*. Upon completion of the activity, students will have the coach/instructor complete the *Student Performance Evaluation*. **Each 90 hours of activity may qualify for a waiver of .25 PE credit.**

Process for Submission

In order for your .25 credit waiver to be approved, it is your responsibility to obtain the necessary signatures, complete all of the required documents, and return these to the Counseling office. The process is:

- 1. At the beginning of the season, the student informs the coach/instructor that they are interested in earning a PE waiver for this activity.
- 2. At the end of the season or completion of the duration of the activity, the student requests that the coach/instructor verify they have met the requirements by signing the completed activity log and completing the evaluation form. The coach/instructor should refuse to complete these documents if the student has not met the requirements.
- 3. The student provides the completed activity log, evaluation form, and *Request for Exemption from a Graduation Requirement* form to the counseling office

_ Off-Campus Instruction Activity Log completed and signed by student and coach/instructor

- ____ Student Performance Evaluation completed and signed by coach/instructor
- ____ *Request for Exemption from a Graduation Requirement* form completed (signed by student and parent/guardian)

When complete, turn the full packet in to the Counseling office

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Off-Campus Instruction Activity Log

| Student Name: | Student's school (circle): BHS | IHS | NCHS | WHS | SAS | NN |
|----------------------|--------------------------------|-----|------|-----|-----|----|
| Name of Instruction: | Location of Instruction: | | | | | |

Directions: Write the number of hours each day in the correct box. Minimum number of required hours for the activity must equal 90.

| Month/Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| August | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total number of hours:(must be no less than 90) Student signature:Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coach/ Instructor signature: Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coach/Instructor's contact information: Email: Phone: Phone: Phone: (Please attach business card) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization's website address, if applicable: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Coach/Instructor to complete the evaluation of the student's work on the back of this page

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Student Performance Evaluation

| Student Name: | Student's school (circle): | BHS | IHS | NCHS | WHS | SAS | NN |
|----------------------|----------------------------|-----|-----|------|-----|-----|----|
| Name of Instruction: | Location of Instruction: | | | | | | |

Coach/Instructor: Please complete this evaluation after the student has completed 90 hours of instruction, which may qualify for a waiver of .25 PE credits.

| | Needs Improvement | Adequate | Performs Well | Exceptional | N/A |
|---|-------------------|----------|---------------|-------------|-----|
| Appears interested in work | | | | | |
| Arrives punctually | | | | | |
| Follows direction and accepts suggestions | | | | | |
| Demonstrates initiative | | | | | |
| Can work unsupervised | | | | | |
| Uses time efficiently and appropriately | | | | | |
| Has cooperative attitude | | | | | |
| Demonstrates responsible behavior | | | | | |

Did this activity help meet the standards below?

- **Y N** Create plan to improve performance of a self-selected skill
- Y N Use training principles (overload, specificity, progression, reversibility, diminishing return, rest & recovery) to design a personal workout
- Y N Apply best practices for participating safely in physical activity and exercise
- **Y N** Choose an appropriate level challenge to experience success in a self-selected physical activity
- **Y N** Participate in a self-selected activity for self-expression and enjoyment

Coach/Instructor signature:_____

Date: