



COMMUNITY
LEARNING
CENTER
SCHOOLS, INC

Community Learning Center Schools, Inc Independent Physical Education Waiver Program

Learners applying for an Independent Physical Education (IPE) waiver must meet the California Physical Education Standards and provide documentation for completion of the Fitnessgram. Please read this document carefully before proceeding with the application process. Students in grades 9-12 may apply for the Independent PE program toward their sophomore year PE requirement; all learners must complete PE in 9th grade and 9th grade PE cannot be waived for outside sports. Activity from any grade level may be applied toward their second required year of PE.

The following items need to be supplied by the learner applying for participation in CLCS's Independent Physical Education Waiver Program. It is the responsibility of the learner to submit all forms within the timeframe outlined below.

In This Packet

1. Applications for the next school year must be submitted prior to senior year.

- Physical Education Waiver Contract (Form A)
- Coach/Instructor Information Form (Form B)
Note: A copy of certification must accompany the application.
- Fitnessgram completion verification (Form C).

Process

- 1. Learners and Coach fill out form A, B, and C and turn in to the main office.**
- 2. If Admin approves, Admin attaches to CLCS PE waiver form and signs under "pre-approval."**
- 3. Learner turns in calendar signed by coach at end of each semester, and requirement is waived. Admin signs PE waiver form and gives to counselor to issue waiver.**

Your completed packet must be returned to:

Becky Freeman (Nea)
Lai Llanda (ACLCL)
Community Learning Center Schools, Inc

PHYSICAL EDUCATION WAIVER PROGRAM

CONTRACT (FORM A)

Please fill out completely and return with your application packet.

STUDENT NAME _____ I.D. # _____

SCHOOL _____ GRADE: _____

ADDRESS _____

ACTIVITY TO BE PERFORMED _____

COACH/INSTRUCTOR NAME _____

(coach may be contacted to verify information)

1. NAME OF BUSINESS AND PHONE:

2. DESCRIBE THE ACTIVITY AND HOW IT MEETS CA STATE PE STANDARDS:

3. Please write in the hours each week this learner receives a teaching lesson or supervised practice.

(Must equate to a minimum of 400 minutes per 10 school days)

Total hours of instruction/supervised practice per week: _____ Months per year: _____

4. For how many years has this student received instruction in this field? _____

5. For how many years has this student received instruction from this coach? _____

6. For how many years has this student been a competitor? _____

7. What is the student's competitive experience? List awards and places taken in competition.

PARENT AGREES TO ASSUME ALL RESPONSIBILITY AND TO HOLD AUSD HARMLESS FOR ANY LIABILITY INCURRED DURING THE PERIOD OF THIS IPE WAIVER CONTRACT. *Parent understands that the district can terminate this contract at any time, in the event specific regulations or timelines are not followed.*

Learner Signature _____ Date

_____ Date

Parent Signature

Community Learning Center Schools, Inc
PHYSICAL EDUCATION WAIVER PROGRAM

COACH/INSTRUCTOR INFORMATION (FORM B)

Please fill out this two page form completely and return to the student. Students should submit this form with the rest of their ~~packet~~.

STUDENT NAME _____ I.D. # _____

ACTIVITY TO BE PERFORMED _____

COACH/INSTRUCTOR NAME _____

8. NAME OF BUSINESS/BUSINESS LICENSE #:

BUSINESS ADDRESS:

9. If this is primarily an outdoor physical activity, describe the alternative program in cases of inclement weather.

10. How many years has this student received instruction from you? _____

11. What method is used to determine the student's level of skill/competition?

12. What is the student's competitive experience? List awards and places taken in competition.

13. Please describe a typical monthly calendar with all lessons, practices, and competitions the student participates in. Each event should include the length of time and be initialed by the coach. Once the student has been approved, the student will need to turn in a monthly calendar to the school office.

COACH'S SIGNATURE _____ DATE _____

PHONE NUMBER COACH CAN BE REACHED FOR QUESTIONS _____

BEST HOURS TO CALL _____

**COMMUNITY LEARNING CENTER SCHOOLS, INC
INDEPENDENT STUDY PHYSICAL EDUCATION WAIVER PROGRAM**

PHYSICAL FITNESS TEST: FITNESSGRAM (FORM C)

Students must successfully complete the physical fitness tests (Fitnessgram) in order to be accepted into the IPE Waiver Program. Please visit:

<http://www.cde.ca.gov/ta/tg/pf/healthfitzones.asp> for information regarding the California Fitnessgram assessment.

Name	Student
Grade	Examiner's
Signature	Date

Criteria for IPE Waiver

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

1. The student applying for a P.E. waiver must have an established background and regularly compete (outside of class) in the physical activity for which the student is requesting a waiver (minimum of two years).
2. The P.E. waiver activity must include at least 400 minutes per 10 days. The student applying for the IPE waiver must pass the California Department of Education Physical Test (Fitnessgram) administered in grades 5, 7 and 9.
3. The student must have a coach, teacher, or instructor who is either certified or qualified in their expertise.
4. The student must be supervised during the P.E. waiver program by the coach, or certified instructor for all of the hours that they count.