

PIEDMONT UNIFIED SCHOOL DISTRICT

Administrative Regulation

Instruction

AR 6158.1

PHYSICAL EDUCATION INDEPENDENT STUDY PROGRAM

The purpose of the Independent Study Physical Education Program is to provide options for students to engage in alternative pathways for which they can receive physical education credit towards graduation. Independent Study is not intended to be a separate curriculum.

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 programs as defined by the Physical Education Standards for California Schools.

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. Freshmen and middle school students 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. 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>).

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 Piedmont High School 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 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 student must maintain academic and departmental standards established by the Activity Code of the school that he/she attends.
2. The student shall provide official documentation of participation. Securing a

position in a performing arts program that demands high physical exertion (e.g., dance) also may qualify. The appropriate proof of participation in a professional organization is required.

3. The student's Independent Study activity schedule does not conflict with the student's schedule of school classes.
4. 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 PUSD school representative.
5. The activity involves skill improvement sessions 5 - 6 days per week.
6. Student practices/trains an average of 15 hours per week in the Independent Study Activities under appropriate supervision of a qualified Instructor/Coach (including practices/rehearsals, games/events, and travel).
7. It can be clearly demonstrated that the Physical Education standards for the grade level can be met through the activity.

Procedures/Guidelines:

The following application forms must be submitted to the PHS Counseling Office prior to approval by a PHS school Administrator:

- Independent Study Physical Education - Application Form
 - Independent Study Physical Education Instructor's - Qualifications Form
1. The student must submit a completed *Independent Study Physical Education - Application Form* by the second week of the semester for each semester of Independent Study participation. The objectives and expected outcomes for the activity along with the anticipated dates of the student's participation must be clearly defined.
 - a. Including verifying signatures from:
 - i. Student
 - ii. Parent/Guardian
 - iii. Instructor/Coach
 2. The Instructor/Coach must complete the *Independent Study Physical Education - Instructor's Qualifications Form*
 - a. Including proof of:
 - i. certification by regional, state, or national coaching organization
 - ii. up-to-date first aid/CPR certification

Once approved for Independent Study Physical Education, the **student** will be responsible for:

1. Assuring that the necessary written verifications are completed and provided at the designated times. This includes keeping a daily *Independent Study Physical Education – Attendance Record* on the form provided, and
2. Submitting the final daily *Independent Study Physical Education – Attendance Record* for each grading period to the PHS Counseling Office by Tuesday of the week in which the quarter/semester ends.

3. The school may revoke the Physical Education Independent Study Program option if the student's attendance and progress reports are unsatisfactory, or if such reports are not submitted.

Once approved for Independent Study Physical Education, the **Instructor/Coach** will be responsible for:

1. Supervise and instruct the student for an average of 15 hours per week.
2. Verifying the *Physical Education Independent Study Program - Attendance Record* at the end of the quarter and semester.

Once approved for Independent Study Physical Education, the **school** will be responsible for:

1. Assigning an independent study teacher who will meet with the student on a general basis to monitor the student's progress. If the student's progress is satisfactory the teacher will submit a grade of "pass" to the counseling department at the conclusion of each grading period (a total of 5 credits). If a student is unsuccessful, his/her grade will be "fail."

Approved: January 24, 1996

Revised: June 25, 1997

Revised: May 25, 2016



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Independent Study Physical Education

Application Form

Last Name:		First Name:
Grade:	School Year:	Duration (circle one): Semester 1 Semester 2
Sport/Activity:		Sponsoring Organization:
Instructor/Coach Name:		Sponsoring Organization Address:
Instructor/Coach Email:		Instructor/Coach Phone Number:

General Objectives (to be filled-out by Instructor/Coach):

Describe the number and length of workouts per week, location of activities, list of competitions and/or new skill achievement goals.

Independent Study Physical Education

Application Form

Verifying Signatures

Student's Responsibility (to be completed by the student)

I understand that it is my responsibility to attend the activity as outlined for an average of 15 hours per week and meet the standards as expected by the instructor. I understand that I must submit the daily *Independent Study Physical Education – Attendance Record* for each grading period to the PHS Counseling Office by Tuesday of the week in which the quarter/semester ends. **I UNDERSTAND THAT I WILL LOSE ALL OURS EARNED AND RECEIVE A “FAIL” (0 CREDITS) IF I LEAVE THE PROGRAM FOR ANY REASON WITHOUT IMMEDIATELY NOTIFYING THE PHS COUNSELING OFFICE, AND THAT NOTIFICATION MAY STILL RESULT IN A “FAIL” AND/OR PLACEMENT IN A PE CLASS.**

Student Signature

Date

Parent/Guardian Responsibility (to be completed by the parent/guardian)

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 that 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 Piedmont Unified School District, the standards set by the instructor, and the average of 15 hours per week, he/she will not meet the quarter/semester requirement for P.E. nor receive credit. **I further understand that credit is Pass/Fail and completion will not receive a letter grade.**

Parent/Guardian Signature

Date

Instructor/Coach Approval (to be completed by the outside activity instructor/coach)

I certify the above-named student attends, participates in, and meets the standards of the activity set by the instructor/coach. I am also accepting the responsibility for verifying attendance and hours of participation in which I personally supervise all of the student's activity.

Instructor/Coach Signature

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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Independent Study Physical Education

Instructor/Coach Qualifications Form

Last Name:		First Name:
Phone:	Email:	Sponsoring Organization:
Sport/Activity:		Sponsoring Organization Address:

1. Describe the training that prepared you to supervise this activity.

2. Describe your experience in supervising students in this activity.

3. In what current position are you employed which qualifies you to supervise this student?

Please attach to this form, a copy of:

- Proof of certification by regional, state, or national coaching organization
- Proof of up-to-date First Aid/CPR certification

PLEASE NOTE: The trained instructor/coach who submits proof of First Aid/CPR certification must be in attendance during ALL student rehearsals and activities.



P I E D M O N T

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Independent Study Physical Education

Attendance Record

Last Name:		First Name:	
Grade:	School Year:	Duration (circle one): Semester 1 Semester 2	

Date	Training Activity	Time		# of hours	Coach/Instructor Signature
		Begin	End		

Total Number of Hours: _____ (average of 15 hours per week required)

Supplemental Attendance Record may be attached.

_____ / _____

Student Signature Date

_____ / _____

Parent Signature Date

_____ / _____

Instructor/Coach Signature Date

_____ / _____

Administrator Signature Date

To be completed and signed by the outside activity instructor/coach, student, and parent. Student should return the completed form to the PHS Counseling Office each grading period by Tuesday of the week in which the quarter/semester ends. The administration signs completed forms upon receipt.



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Independent Study Physical Education
Supplemental Attendance Record

Date	Training Activity	Time		# of hours	Coach/Instructor Signature
		Begin	End		

Total Number of Hours: _____ (average of 15 hours per week required)

_____/_____
Student Signature Date

_____/_____
Parent Signature Date

_____/_____
Instructor/Coach Signature Date

_____/_____
Administrator Signature Date

To be completed and signed by the outside activity instructor/coach, student, and parent. **MUST BE ATTACHED TO THE INDEPENDET STUDY PHYSICAL EDUCATION ATTENDANCE RECORD.** Student should return the completed form to the PHS Counseling Office each grading period by Tuesday of the week in which the quarter/semester ends. The administration signs completed forms upon receipt.