

**Information Packet for Off Campus Physical Activity
(Physical Education Substitutions)
Midlothian ISD**

PURPOSE

The purpose of the Off Campus Physical Activity (OCPA) program is to accommodate students in 6th - 12th grade, who are making a serious effort to develop high level capabilities and to allow them to be involved in a program that provides training exceeding or replacing what is offered in the school district.

PROGRAM DESCRIPTION

The OCPA program is a cooperative agreement between MISD and an approved off-campus sponsoring facility/provider. Activities are defined as those in which a student works with either a single teacher/coach or with a team teacher/coach at an approved agency during the regular school year.

PROGRAM REQUIREMENTS

1. Off Campus physical activity programs will be approved on an individual basis for those students who are recommended by qualified instructors.
2. Only students in grades six (6) through twelve (12) will be eligible for consideration for the program. No students at the Elementary level will be considered for the Off Campus program.
3. Students will receive a maximum of one-half (.5) credit per semester.
4. Students may participate in either a campus Athletic/Physical Education course **OR** the OCPA program (upon approval) for Physical Education credit in a semester. Students may not participate in both programs simultaneously..
5. The district will offer two categories of participation
 - a. **Level 1:** (Olympic-level participation and/or competition) These programs involve a minimum of fifteen (15) hours per week of highly intense, professionally supervised training. Students qualifying at this level may be dismissed from one hour per day for such participation. Students dismissed **may not** miss any class other than physical education.
 - b. **Level 2:** (Private/Commercial Level) These programs are to be of high quality, well-supervised by (Superintendent Certified) appropriately trained instructors, and will consist of a minimum five (5) hours per week. Students certified to participate at this level may not be dismissed from any part of the regular school day.

The student must participate a minimum of 100 minutes during the five (5) school day week. (Monday-Friday). All such participation must be under the direct supervision of the instructor.

OCPA COURSE REQUIREMENTS

1. Documentation (LOG SHEET) of attendance and OCPA activity must be submitted to the student's Counselor by stated deadlines. This should be completed by the student and the OCPA Provider (coach/trainer) will initial/sign each session. The log sheet is located in the OCPA packet.
2. Documentation (GRADE REPORT FORM) must also be submitted to the student's counselor by the stated deadlines. The Provider will assign a PASS/FAIL grade and sign the form.
3. Students are responsible for turning in all documentation to their campus counselor.
4. Transportation shall be the responsibility of the parent/guardian(s).
5. MISD reserves the authority to determine the validity/authenticity of any establishment providing off campus PE to its students and may exercise the right to revoke or deny awarding credit should the District and/or its agents find evidence that any information on this application has been falsified.
- 6. If a student fails to meet program requirements (i.e. documentation on logs, turning in logs and/or grade sheets in by due date), students may lose the option of participating in OCPA.**
- 7. A New Off Campus Physical Activity Application must be submitted for approval each school year.**

APPLICATION PROCEDURE

1. Students print an Application Form, Provider Form, and Release Form from the OCPA packet.
2. Upon completion all FORMS must be delivered to the student's campus counselor.
3. Student will turn in all required/signed paperwork to their campus counselor
 - a. Student Application
 - b. Program Procedures Agreement
 - c. Provider/Instructor Agreement
 - d. Provider Application
4. Once the forms have been submitted and approved a confirmation email will be sent to the parent. At that time the Counselor will list OCPA as an available option for the student's schedule.
5. First Semester/Full Year application must be received by **August 1st**. Students, New to the District, who enroll after August 1st must turn in an application by the first day of School.
6. Spring Semester applications will be accepted between **December 1st and the last day of the Fall semester**.
7. **Students will not be enrolled in OCPA until paperwork completed is approved.**
8. **New OCPA paperwork must be submitted each school year.**

Required

Forms

**Midlothian Independent School District
Off Campus Physical Education Application**

FORM TO BE COMPLETED BY STUDENT: The following information pertains to the current year of participation.

NAME _____ SCHOOL YEAR _____

GRADE LEVEL _____ ACTIVITY _____

SCHOOL : Check one ___ MHS ___ HHS ___ DMS ___ FSMS ___ WGMS

PARENT/GUARDIAN _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL _____

NAME OF PROVIDER OR FACILITY _____

PHONE NUMBER OF PROVIDER OR FACILITY _____

INSTRUCTOR (please print) _____ PHONE _____

1. I am applying for Off Campus Physical Education for the:
_____ Fall Semester _____ Spring Semester _____ Both Semesters

2. Please check one of the Off Campus Categories

<input type="checkbox"/> Level 1 (Olympic Level Participation and/or Competition) (15 hours/week minimum)	<input type="checkbox"/> Level 2 (Private/Commercial Level) (5 hours/week minimum)
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3. If accepted into the Off Campus Physical Education Program, I would like the following arrangement used in scheduling the time for Off Campus PE. Check only one of the following options that applies to the **Level 1** program and is subject to approval of the students application.

_____ Late Arrival _____ Early Dismissal _____ Neither

STUDENT SIGNATURE _____ **DATE** _____

PARENT SIGNATURE _____ **DATE** _____

PARENT PHONE _____ **EMAIL** _____

TO BE COMPLETED BY SCHOOL OFFICIALS:

The student is taking this course for physical education credit and they will not be enrolled in another physical education class or athletics while participating in the **Off Campus Physical Education Program**. The student may not transfer from athletics or another physical education class into **Off Campus Physical Education** after the start of the semester.

Campus Counselor _____ **DATE** _____

Campus Administrator _____ **DATE** _____

Athletic Director _____ **DATE** _____

Curriculum and Instruction _____ **DATE** _____

**Off Campus Physical Activity
Program Procedures Agreement**

1. The student should schedule a conference with the campus counselor who will explain the program to the student.
2. The student receives an Off Campus Physical Activity packet from the counselors office.
3. The student and parent/guardian read all information in the packet and complete the appropriate portion of the application form.
4. Both the student and provider/ instructor complete and sign the appropriate portion of the application.
5. The student takes the form to his/her campus counselor and principal for their signature.
6. First Semester/Full Year application forms must be turned into the campus counselor **AUGUST 1**. Students, New to the District, who enroll after August 1st must turn in an application by the first day of School.
Spring Semester applications will be accepted between **December 1st and the last day of the Fall semester**
7. After checking the application thoroughly, the counselor will send the application for District approval. Upon District approval the counselor will add Off Campus Physical Education to the student's schedule. If any additional information regarding the request is needed, the **campus counselor** will notify the student's parent/guardian(s).
8. Each year a new application must be filed for approval.

COMPLETED BY PARENT/GUARDIAN AND STUDENT

I have carefully read and understand the Midlothian ISD policy for the Off Campus Physical Education Program, and I agree to comply with those regulations. I hereby release the Midlothian Independent School District, its employees, agents, and its Board of Trustees, from all claims or liability in any way to this program, including all travel to, and from, during the duration of the program. Furthermore, I understand that all liability in case of accident or hospitalization is the responsibility of the parent/guardian or of the private/commercial school of instruction and **not** Midlothian Independent School District's responsibility. Also, the daily activities of the program, quality of the program or the instructors qualifications are **not** Midlothian Independent School District's responsibilities.

My student, _____, has permission to participate in the

Midlothian ISD Off Campus Physical Activity Program

For _____ (Off Campus Sport)

at _____ (Off Campus Agency)

Parent/Guardian Signature

DATE

Parent Acknowledgement of Legal Responsibility for Voluntary Student Transportation

I am the Parent/Legal Guardian of _____, my child/ward

I understand and acknowledge that neither law nor policy requires the Midlothian Independent School District (Midlothian ISD) to provide my child/ward with transportation services of any kind. Therefore, I understand and acknowledge that it is my legal responsibility, and not the responsibility of Midlothian ISD, to provide my child/ward with all transportation for Midlothian ISD programming, including but not limited to, transportation from my child/ward's home, home campus, or other originating locations to locations other than my child/ward's home campus for the purpose of participating in a program that will require travel between schools or facilities where transportation is not provided by Midlothian ISD.

Understanding and acknowledging that transportation for my child /ward is wholly my legal responsibility. I request and give permission for my child/ward to drive his/her motor vehicle from his/her home, home campus, or other originating locations to locations other than his/her home campus for the purpose of participating in a program that will require travel between schools or facilities where transportation is not provided by the Midlothian ISD. By execution of this document, I confirm that my child/ward has a current and valid driver's license and may legally operate his/her motor vehicle in the State of Texas, meets all other state and federal requirements for operating his/her motor vehicle, and is legally insured.

I further understand and acknowledge that either my child/ward or I may choose for my child/ward to be a passenger in the motor vehicle of another individual and/or student-driver. By execution of this document, I agree and confirm that I am solely responsible for such choice and that I, and not the Midlothian ISD, am solely responsible for determining that the driver is properly licensed, insured, and of whom it is safe for my child/ward to be the passenger, and solely responsible for verifying the driver's record, license, insurance, vehicle condition, and any and all other safety issues pertaining to my child/ward traveling with, and being the passenger of, another driver.

By execution of this document, I agree to hold harmless the Midlothian ISD, its employees, agents, representatives, and board of trustees, from and against any and all claims, causes of action, damages, losses, and expenses, including attorney's fees, arising out of or resulting from my child/ward's transportation to home campuses, between campuses, and /or to other approved locations for enrolled classes and I understand and acknowledge that pursuant to law and policy. I have no claim or cause of action against the Midlothian ISD, its employees, agents and board of trustees in the event of any accident arising out of my child's ward's transportation in his/her motor vehicle or as a passenger in another ~~student~~ driven motor vehicle.

- I, as the Parent/Legal Guardian, understand that my student will be leaving campus prior to the end of the regular operating school day to participate in the OCPE program. I also agree that my student has permission to walk, drive and/or ride share to a facility for Off Campus Physical Education.

- I, as the Parent/Legal Guardian, **do not** give permission for my student to leave campus prior to the end of the regular operating school day to participate in the OCPE program.

- I, as the Parent/Legal Guardian, **do not** give permission for my student to walk, drive and/or ride share to a facility for Off Campus Physical Education.

If answer no, please provide email address, and cell phone number.

(email address)

(cell phone number)

Signature of Parent/Legal Guardian

Signature of Child/Ward

Printed Name of Parent/Legal Guardian

Printed Name of Child/Ward

Date

Date

MISD PROVIDER AGREEMENT FORM

Off Campus Physical Education Provider Agreement

Agency: _____

Instructor: _____

Address: _____

Telephone: _____

Zip Code: _____

Please check one of the **Off Campus Categories** (category explanation included in the packet)

<p>Level 1 (Olympic Level Participation and/or Competition) (15 hours/week minimum)</p> <ul style="list-style-type: none">• This level requires a comprehensive response to question #4 with specific information supporting Olympic Level participation	<p>Level 2 (Private/Commercial Level) (5 hours/week minimum)</p>
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The instructor will adhere to the following district policies for student's attendance the in Off Campus Physical Education Program:

- The instructor will keep an accurate record of student attendance. The instructor will contact the campus counselor if a student's attendance becomes irregular.
- The instructor will submit a written outline of program objectives and activities when requested.

I understand that the Midlothian Independent School District is accountable for the participation of each student in Off Campus Physical Education. I will make every effort to cooperate with the district's accounting procedures.

Instructors Signature _____

Date _____

The OCPA Provider must complete the following schedule for the student to verify at least 15 hours of required participation for Category I or at least 5 hours of required participation for Category II. The student must participate in a minimum of 100 minutes during the 5 day school week. Games and Contests may not count for participation in Category II.

Date	Physical Address of Training/Participation	Number of Hours of Participation
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
	TOTAL HOURS OF PARTICIPATION:	

This student qualifies for: (Check One) _____ Category I _____ Category II

I, _____, understand Midlothian ISD's expectations for the Off Campus Physical Activity program. I also understand my responsibility as a supervisor/coach.

Providers Signature _____ Date _____

AGENCY APPLICATION

Because this approved process is a vital part of your program, please be specific when answering the following questions. (Responses may be attached)

INSTRUCTOR'S RESPONSES TO THE FOLLOWING QUESTIONS:

1. Generally Describe your program and program goals.
2. List the daily activities the student will be involved and/or a typical training session:
3. Please list the instructor(s) qualifications for this program.
4. As the qualified professional instructor, is it your opinion to strongly recommend that this student in **Level 1** possess "Olympic Level Participation"? Please provide specific information supporting "Olympic Level" programming.

MISD Provider and Student Agreement

To Whom it may concern:

This letter is to inform you that (Student Name) _____
Has submitted an application to receive Off Campus Physical Activity (OCPA) credit through
your program. In order for this student to qualify for this program through the District, you must
agree to the parameters set forth by Midlothian ISD.

Providers Name _____

Providers Facility Address _____

Providers Email Address _____

Providers Phone Number _____

As a provider of Off Campus Physical Activity (OCPA) you must comply with the parameters
identified below.

Please place a checkmark in each box below to indicate acknowledgement.

___ I agree to structure my teaching in a manner that fulfills the guidelines as developed in the
Texas Education Knowledge and Skills (TEKS) curriculum.

___ I will confirm, with my signature, practice activities and dates are fulfilled by the student.

___ I am also aware that it is the provider's responsibility to complete the attendance log and
grading sheet for the student to turn in for each grading period.

___ I agree to the training hours outlined in this packet and should they change I will contact the
Campus Counselor immediately.

2023-2024

IMPORTANT DATES

DATE	Required Documentation Due
8/1	All FALL/YEAR OCPA Applications Due to Campus Counselor
8/15	New to the District Students - Application Deadline
	3 week Progress - Activity Log Sheet due to Campus Counselor
9/21	1st 6 week - Activity Log and Grade Report Due to Campus Counselor
	3 week Progress - Activity Log Sheet due to Campus Counselor
11/2	2nd 6 week - Activity Log and Grade Report Due to Campus Counselor
	3 week Progress - Activity Log Sheet due to Campus Counselor
12/1	Applications open for Spring OCPA
12/21	3rd 6 week - Activity Log and Grade Report Due to Campus Counselor
12/21	Applications for Spring OCPA Deadline
	3 week Progress - Activity Log Sheet due to Campus Counselor
2/15	4th 6 week - Activity Log and Grade Report Due to Campus Counselor
	3 week Progress - Activity Log Sheet due to Campus Counselor
4/4	5th 6 week - Activity Log and Grade Report Due to Campus Counselor
	3 week Progress - Activity Log Sheet due to Campus Counselor
5/23	6th 6 week - Activity Log and Grade Report Due to Campus Counselor

**TEKS for Physical Education
(For Provider)**

§116.64. Skill-Based Lifetime Activities (One Credit), Adopted 2020.

(c) Knowledge and skills.

(1) Movement patterns and movement skills. The physically literate student applies movement skills while participating in a minimum of five lifelong activities, including one from each of the following categories: target, striking and fielding, fitness, rhythmic, and innovative games and activities with international significance. The student is expected to:

(A) exhibit a level of competency in one or more target activities such as archery, disc golf, backyard target games, bowling, and golf;

(B) exhibit a level of competency in one or more striking and fielding activities such as kickball, softball, baseball, and racquet sports;

(C) exhibit a level of competency in one or more fitness activities that promote cardiorespiratory endurance, muscular strength, muscular endurance, and flexibility;

(D) exhibit a level of competency in one or more rhythmic activities; and

(E) exhibit a level of competency in one or more innovative games and activities with international significance such as cricket, futsal, speed ball, and team handball.

(2) Performance strategies. The physically literate student applies tactics and strategies to be successful in skill-based lifetime activities. The student is expected to:

(A) perform skills and strategies consistently;

(B) modify movement during performance using appropriate internal and external feedback;

(C) describe appropriate practice procedures to improve skill and strategy in a sport;

(D) identify the critical elements for successful performance;

(E) demonstrate proper officiating techniques, including hand signals, verbal communication, and application of rules, to ensure safe participation in activities; and

(F) keep score accurately during games or activities.

(3) Health, physical activity, and fitness. The physically literate student applies knowledge of health and fitness principles to participation in skill-based lifetime activities. The student is expected to:

(A) establish realistic and challenging health-related fitness goals for selected skill-based lifetime activities; High School §116.C. August 2022 Update Page 9 of 9

(B) apply appropriate safety procedures to prevent or reduce injuries in skill-based lifetime activities; and

(C) analyze health and fitness benefits derived from participating in skill-based lifetime activities.

(4) Social and emotional health. The physically literate student applies principles for social and emotional health to participation in selected skill-based lifetime activities. The student is expected to:

(A) acknowledge good play from an opponent during competition;

(B) explain the importance of accepting the roles and decisions of officials;

(C) explain the importance of accepting successes and performance limitations of self and others;

(D) discuss the importance of accepting personal responsibility to create and maintain a physically and emotionally safe and nonthreatening environment while officiating; and

(E) discuss and apply ways to respond to challenges, successes, and failures in physical activities in socially appropriate ways.

(5) Lifetime wellness. The physically literate student applies wellness principles to participation in selected skill-based lifetime activities. The student is expected to

(A) select and participate in at least one skill-based lifetime activity that provides for enjoyment and challenge from each category, including target, striking and fielding, fitness, rhythmic, and innovative games and activities with international significance; and

(B) describe how sleep is essential to optimal performance and recovery.

Source: The provisions of this §116.64 adopted to be effective August 1, 2022, 47 TexReg 4517.

Midlothian ISD Activity Log Sheet

For every day of physical activity, please put the date, and time.

The Provider must initial each week.

This form must be turned into the student's counselor every three week period.

Students Name

Campus

Grading Period Dates

Activity Site

Provider (please print)

Providers Signature

Specific Activity

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Hours	Providers Initials
Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Total Hours:	
Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Total Hours:	
Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Total Hours:	
Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Total Hours:	
Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Total Hours:	
Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Date: Start Time: End Time:	Total Hours:	

Midlothian ISD Off Campus Grade Report

**TO BE COMPLETED BY THE OFF CAMPUS PHYSICAL EDUCATION PROVIDER AT THE
END OF EACH SIX WEEK PERIOD:**

STUDENT NAME _____ CAMPUS _____

Activity Site _____

Provider's Name _____

Since grades must be reported to the schools in a timely manner, please complete the grade report information and return it to the campus counselor's office on **Monday prior to the end of the grading period**. This allows the appropriate time to post the grade on the students report card. See the District calendar for grade reporting deadlines.

Please make copies of this form for each grading period. Failure to receive grade sheets in a timely manner may result in denial of Off Campus PE credit.

Grading Period
(please check one)

- 1st Grading Period
- 2nd Grading Period
- 3rd Grading Period
- 4th Grading Period
- 5th Grading Period
- 6th Grading Period

ACTIVITY GRADE
(please circle one)

PASS / FAIL

Providers Name

Date

Providers Signature

Student Signature
