



**Redlands Unified School District  
Independent Study – Physical Education**

**Contract**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

The undersigned have requested the opportunity to have the student named participate in a Physical activity in lieu of participation in a regular physical education class or program at their school of residence.

The undersigned have read, understand, met and agree with the following terms and conditions:

1. The student applicant is enrolled as a student in the Redlands Unified School district at the 7<sup>th</sup> to 12<sup>th</sup> grade level.
2. The student’s parents/guardians currently reside in the boundaries of the Redlands Unified School District or have completed and had approved a request for an inter-district transfer.
3. The maximum length of the contract is for one (1) year, but may be renewed yearly by re-application.
4. All conditions of the contract must be completed before credit for the program may be issued. A minimum of 10 hours per week in daily physical activities related to the program is required. Failure to meet the conditions of the contract shall result in a drop from the program and loss of credit for the semester in the progress.
5. The student applicant shall maintain a daily log of activities, which accurately reflect the student’s activities and attendance record. The “Daily Activity Logs” shall be reviewed and signed by the coach/instructor approved on the “Contract” and submitted to the Director of Secondary Education at the the District Office at the end of each grading period.
6. The coach/instructor shall complete a “Student Evaluation Form,” which will be submitted to the Director of Secondary Education at the District Office at the end of each grading period. Based on the coach/instructor’s evaluation, the Director of Secondary Education will assign credit and notify the student’s school of the credit.

By signing below, we acknowledge receipt of Board Policy 6158.11 – Independent study Physical Education and acknowledge that our student is engaged in a District recognized and approved participation program for national, international or professional competition.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student E-mail \_\_\_\_\_

Coach/Instructor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:  
Director of Secondary Education \_\_\_\_\_ Date: \_\_\_\_\_



**Redlands Unified School District  
Independent Study – Physical Education**

**Individual Plan**

Student Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Type of Activity:

\_\_\_\_\_

Group/Club Name: \_\_\_\_\_

Name and Title of Coach/Instructor: \_\_\_\_\_

Reason(s) for requesting Independent Study – P.E: (be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of long range goal(s): (goals to accomplish by the end of the year, be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of intermediate goal(s): (goals to accomplish during this year, be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

Timeline for the achievement of the goal(s) listed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of activities and amount of time spent in each on a daily basis, by which you will achieve the listed intermediate and long-range goals.

Activity	Hours/Week
<b>TOTAL HOURS PER WEEK</b>	

**Plan Completed By**

Student  
 Signature: \_\_\_\_\_  
 Parent/Guardian  
 Signature: \_\_\_\_\_

**Plan Reviewed By**

Coach/Instructor  
 Signature: \_\_\_\_\_  
 Principal  
 Signature: \_\_\_\_\_

**\*\*All signatures must be obtained prior to submitting for approval\*\***

**Plan Approved by**

Director of Secondary Education: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only* | Site Notified: \_\_\_\_\_ | Student Notified: \_\_\_\_\_ | File Created: \_\_\_\_\_ | Secretary's Initials: \_\_\_\_\_



**Redlands Unified School District  
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**Coach/Instructor Resumé**

Name : \_\_\_\_\_ Title/Position: \_\_\_\_\_

Telephone Number where Coach/Instructor can be reached: \_\_\_\_\_

Group/Club Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Group/Club Owner or President: \_\_\_\_\_

Telephone Number of Group/Club: \_\_\_\_\_

*Attaching a resumé is acceptable if it includes all of the following information.*

Professional Preparation:

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Previous Positions/Assignments/Employment:

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Membership in Professional Organizations:

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Additional information you feel is pertinent:

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Coach/Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_