



2025-2026

Information Packet For Off-Campus Physical Activity Middle School or High School Students (Physical Education substitutions)

PURPOSE

The purpose of the **Off-Campus Physical Activity (OCPA) program** offered by Carroll Independent School District (CISD) is to accommodate students in 7th-12th grades who are making a serious effort to develop high level capabilities and to allow them to be involved in an off-campus program that provides training exceeding that offered in the school district.

PROGRAM DESCRIPTION

The OCPA program is a cooperative arrangement between the CISD 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.

GENERAL REQUIREMENTS

1. Students in grades seven (7) through twelve (12) will be eligible for consideration for the off-campus program. No students in elementary or intermediate school will be considered for the off-campus program.
 2. Students will receive a maximum of one half (.5) credit per semester. (Confirm with your school counselor regarding PE credit requirements.)
 3. A student may not participate in the OCPA program if the sport is offered as part of the CISD curriculum unless the student is released from or not placed on a team as part of the school program.
 4. Students applying for OCPA will be considered under two categories:
- **Category I** - this program requires a minimum of **fifteen (15) hours** per week of highly intense, professionally supervised training. Students qualifying at this level may be dismissed from school one period per day for such participation. The student will be required to follow this schedule for the entire semester.
 - **Category II** – This program is to be of high quality, well supervised by appropriately trained instructors, and consisting of a minimum of **five (5) hours** per week. Students participating at this level MAY NOT be dismissed from any part of the regular school day.

OCPA COURSE REQUIREMENTS

1. Documentation (LOG SHEET) of attendance and OCPA activity must be submitted by stated deadlines. This should be completed by the student, and the OCPA Provider (coach/trainer) will initial/sign each session. The log sheet form is located in the OCPA packet.
2. Documentation (GRADE REPORT FORM) must also be submitted by 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 OCPA Coordinator.
4. **If a student fails to meet program requirements (i.e. documentation on logs, turning logs and grade sheets in by due date), student may lose the option of participating in OCPA.**

APPROVED ACTIVITIES (PROVIDERS)

1. Providers must be approved by the OCPA Coordinators.
2. The list of board approved providers and additional information can be found in the OCPA packet.

FREQUENTLY ASKED QUESTIONS

Q What are the approved activities available for OCPA?

A Please see the list of approved activities/providers in the OCPA packet.

Q Why is there a fee for OCPA?

A This program is optional to students in CISD and the fee is to offset the cost associated with administering the program.

Q Can an elementary or intermediate student be enrolled in OCPA?

A No, the program is only open to students in grades 7 – 12.

Q Who changes the student's schedule to reflect OCPA?

A After the application is approved by the OCPA Coordinator and the payment received, the counselor at the student's home campus will change his/her schedule, providing they can create a schedule to accommodate the request to reflect OCPA.

Q Is travel time included as part of the time requirement?

A No, the student should not include travel time as part of the time requirement. Also, if a student works at the facility he/she may not count work hours towards the time requirement.

Q Can the student include tournament play/competitions as part of the time requirement?

A No more than 6 hours of tournaments/competitions per week may be included in the time requirements for Category ONE – 15 hours/week.

Q May the student enroll in the OCPA program for part of the semester?

A Participation must run concurrent with the school semester and continue throughout the entire semester.

Q Can the student have more than ONE Provider/Activity?

A No, only 1 Activity/Provider may be selected for OCPA. Credit will not be given for a combination of hours for 2 separate activities.

APPLICATION PROCEDURE

- Student prints an application form (p.4), provider form (p.5 – signed by coach/trainer), and release form (pp.6-7) from the OCPA packet.
- Upon completion, **FORMS** must be mailed, emailed, or delivered to OCPA Coordinator as listed below. Once the application has been approved, the OCPA payment link to Pay K12 will be emailed to you. Your payment should now be made with a Credit or Debit card. **We must have the forms mentioned above and payment to be enrolled in OCPA.**
- Once the forms have been submitted and the fee is received, a confirmation email will be sent to the parent. The campus Counselor will also be notified. **At that time the Counselor will list OCPA as an available option for the student's schedule.**
- First semester application/fee must be received by **August 15, 2025** and second semester application/fee must be received by **January 9, 2026**. **No applications will be approved after these dates.**
- **Students will not be enrolled in OCPA until payment has been received and the OCPA paperwork is completed. New OCPA paperwork must be submitted each school year.**
- Once approved the student must sign in/out with the Attendance Office if leaving campus for OCPA.

FEES:

An enrollment fee will be assessed for all students participating in OCPA. Payment can be made with a single payment of \$200. Please do not pay with cash/check. The Pay K12 payment link will be emailed to you after your submitted OCPA forms have been approved. Again, fee must be received before a student can be enrolled in OCPA. Refunds will not be processed after October 14, 2025.

For questions you may contact:

Jenna Chitwood (CMS and DMS students)
Off-Campus Physical Activity Coordinator
Carroll ISD
2400 N. Carroll Ave.
Southlake, TX 76092
jenna.chitwood@southlakecarroll.edu
Phone: 817-949-8295

Marsha Vawter (CHS and CSHS students)
Off-Campus Physical Activity Coordinator
Carroll ISD
2400 N. Carroll Ave.
Southlake, TX 76092
marsha.vawter@southlakecarroll.edu
Phone: 817-949-8295

CISD Off-Campus Physical Activity Application

2025 - 2026 Campus: ☐ CSHS ☐ CHS ☐ DMS ☐ CMS

2025 - 2026 Grade: ☐ 12th ☐ 11th ☐ 10th ☐ 9th ☐ 8th ☐ 7th *7th grade must enroll in OCPA for full year

Counselor's name: _____

This application is for (check one): ☐ both semesters ☐ 1st semester only ☐ 2nd semester only
*7th grade must enroll in OCPA for full year

This application is to be completed by the parent or guardian. Please provide all information requested.

Student's Full Legal Name (Please Print): _____

FIRST

MIDDLE

LAST NAME

☐ I understand that this activity will be considered: (choose only one)

☐ Category I (15 hours/week)

☐ Category II (5 hours/week)

☐ The OCPA activity is: _____ PROVIDER is: _____.

☐ The name of the trainer/coach is _____ and the training will take place at _____ training facility.

☐ I am requesting my student be released from _____ (1st or last) period (**ONLY if Category I**).

☐ **I UNDERSTAND THAT ACTIVITY LOGS/GRADE SHEET FORMS MUST BE RECEIVED BY THE SPECIFIED DUE DATES OR MY STUDENT WILL RECEIVE A FAILING GRADE AND MAY LOSE THE OPPORTUNITY TO PARTICIPATE IN OCPA.**

☐ I understand that I am responsible for transportation to and from the physical activity program and that the school district is not responsible for any contractual agreements with the trainer or coach.

☐ I understand that my student **MUST** have a current Permission and Release form on file.

☐ I understand that the OCPA fee must be paid before my student can be enrolled in OCPA.

For office use only:

Provider approved: _____ or

Letter from new provider: _____ & Date _____

Provider agreement: _____

Supervisor Approval: _____ Date: _____

Parent contacted: _____ Date: _____

Payment received: _____ Date: _____

Parent Signature

Student Signature

Parent Contact Phone Number

Parent E-mail address (please print clearly)



Carroll Independent School District

2400 N. Carroll Ave.

Southlake, TX 76092

Phone (817) 949-8255

<http://www.southlakecarroll.edu>

CISD PROVIDER AGREEMENT FORM

School Year: 2025-2026

To Whom It May Concern:

This letter is to inform you that _____, committing to
(print student's full legal name: First, Middle, Last)

Cat. I/15 hrs. activity each week _____ **Cat. II/5 hrs. activity each week** _____
(check student's designated category of weekly activity time)

has submitted an application to receive Off Campus Physical Activity 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 the Carroll Independent School District.

As a provider of Off-Campus Physical Activity 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.
- ☐ At the request of the student referenced above, I will provide a letter on business letterhead about my program along with contact information for myself.
- ☐ I will confirm, with my signature, practice activities and dates fulfilled by the student.
- ☐ I also am aware that it is the student's responsibility to have his/her activity log sheet completed at each session and delivered to his/her OCPA Coordinator at the specified deadlines.
- ☐ I agree to give each of my students a Pass/Fail grade on the grade report provided to me by the student on the specified date of each grading period.

I, _____, understand Carroll Independent School
(please print your full legal name on line above)

District's expectations for the Off-Campus Physical Activity Program. I also understand my responsibility as a supervisor/coach.

Provider's Signature _____ Date _____

Provider's facility address: _____

Provider's E-mail address: _____

Provider's Phone number: _____

CMS and DMS students - Please mail form to:
Carroll ISD Administration Center
Attn: Jenna Chitwood-OCPA
2400 N. Carroll Ave., Southlake, TX 76092
817-949-8295 (phone)

CHS and CSHS students – Please mail to:
Carroll ISD Administration Center
Attn: Marsha Vawter-OCPA
2400 N. Carroll Ave., Southlake, Texas 76092
817-949-8295 (phone)

PERMISSION AND RELEASE

I understand that my child, _____, a student at Carroll Independent School District (“District”), is receiving physical education credit for participation in the “activities” otherwise unrelated to the District and off District premises. I understand that my child’s participation in these physical activities is wholly voluntary and the District does not require my child to participate in these types of physical activities. I understand that the District provides opportunities for physical education credit at the District, but I choose to allow my child to participate in an outside physical activity instead of participating in District run physical education.

I understand that my child must comply with the Carroll ISD Student Code of Conduct and any rules and standards of conduct at his/her physical activity location. I understand that my child’s failure to adhere to these rules and standards of conduct may result in discipline in accordance with the Student Code of Conduct and my child’s dismissal from the physical activity.

I understand that the District has no control over the operations or premises of my child’s particular activity. I further understand that my child will not be under the supervision of a District employee but will be under the supervision of a representative of the assigned activity while participating in the activity.

I recognize and understand that there are certain dangers and risks to which my child may be exposed by participating in the activity, including risk of physical injury. I understand that the District does not have medical personnel available at the activity locations. I want my child to participate in the activity despite the possible dangers and risks and despite this Release. I understand that the District assumes no responsibility for any injury, damage, or cost which might arise out of or in connection with the activity. I therefore agree to assume all of the risks and responsibilities that are in any way associated with the activity.

I give permission for my child to obtain his/her own transportation to his/her activity location, whether by driving his/her personal vehicle, driving a vehicle owned by me and/or my spouse, driving a private vehicle provided by a third party, or by riding in a private vehicle driven by a third party (together referred to as “personal transportation”). I agree that I am not entitled to any reimbursement for mileage or transportation costs from the District in transporting my child to the physical activity.

In consideration of the privilege of participating in the activity and the convenience of utilizing personal transportation, the receipt and sufficiency of which is hereby acknowledged, I, by my signature affixed below,

CARROLL ISD
PERMISSION AND RELEASE – page 2

individually and by next friend of the above named child, acting for myself, my minor child, my agents, heirs, beneficiaries, trustees, executors, successors, assigns, administrators, attorneys and legal representatives, do hereby **RELEASE, ACQUIT AND FOREVER DISCHARGE** the District, all of its employees, agents, trustees, volunteers, attorneys, and legal representatives, in their representative, official, and individual capacities, of and from any and all charges, complaints, grievances, claims, demands, causes of action, damages, loss, or expense, of whatsoever kind or character, in tort **(INCLUDING NEGLIGENCE OR NEGLIGENT OMISSION)**, or in contract, that are created by or arise under state and/or federal statutes, constitutions, and/or the common law, whether known or unknown, which may in any manner arise from or relate to the activity or the use of personal transportation. I hereby waive my rights to institute any action, claim or suit against and/or recover compensation, benefits, or damages from the District and/or the above-described persons and entities, and covenant and agree not to sue any such persons or entities regarding such claims in any court or tribunal and not file or aid in the institution or prosecution of any action, lawsuit, or cause of action (whether or not by direct action, counterclaim, cross-claim, or interpleader) regarding any claim released herein.

My signature below indicates my understanding of this Permission and Release and indicates my permission for my child to participate fully in the physical activity. I have carefully read this Permission and Release before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt by the District and shall be governed by the laws of the state of Texas.

Parent's Signature

Name (printed)

Date

OFF-CAMPUS PHYSICAL ACTIVITY
IMPORTANT DATES

September 8, 2025	(Activity logs due)
October 14, 2025	(Grades and activity logs are due)
November 10, 2025	(Activity logs due)
December 8, 2025	(Grades and activity logs are due)
February 9, 2026	(Activity logs due)
March 9, 2026	(Grades and activity logs are due)
April 13, 2026	(Activity logs due)
May 11, 2026	(Grades and activity logs are due)

Submit Activity Log Sheets per Due Dates

Communicate with your Off-Campus Physical Activity Coordinator

OCA Coordinator for Carroll Middle School and Dawson Middle School students:

Jenna Chitwood

e-mail: jenna.chitwood@southlakecarroll.edu

OCA Coordinator for Carroll High and Carroll Senior High:

Marsha Vawter

e-mail: marsha.vawter@southlakecarroll.edu

OCPA

Required Paperwork Forms

*Blank **Log and Grade Forms** are provided.
Make extra copies for the year

****Students must submit paperwork by
due dates to receive credit for semester.**

Submit log by due date to the attention of Marsha Vawter (CHS and CSHS) or Jenna Chitwood (CMS and DMS) to CISD Administration Center, 2400 N. Carroll Ave., Southlake, TX 76092.
Log may be scanned/emailed directly to coordinator.

ACTIVITY LOG SHEET

For every day of physical activity, please put the date, specific activity and time. The provider must also initial each date.

Student's Name (please print)

Campus

Grading Period Dates

Activity Site

Provider (please print)

Provider's Signature

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Hours
☐	☐	☐	☐	☐	☐	☐	
☐	☐	☐	☐	☐	☐	☐	
☐	☐	☐	☐	☐	☐	☐	
☐	☐	☐	☐	☐	☐	☐	

CISD Off-Campus Physical Activity Grade Reporting Form

Student's Name (please print)

School

Activity Site

Below are the dates that Grade Reporting Forms are due to the school campus. Forms **MUST** be received no later than 4:00 PM on the dates specified below. Remember to check the appropriate grading period as follows and indicate "P" or "F" for Pass or Fail:

GRADING PERIOD

(Please check one)

*** DATE FORMS DUE TO:**

**Marsha Vawter - Coordinator for CHS & CSHS
or Jenna Chitwood – Coordinator for CMS & DMS**

- | | | |
|--------------------------|--------------------------------|------------------|
| ☐ | 1 st Grading Period | October 14, 2025 |
| ☐ | 2 nd Grading Period | December 8, 2025 |
| ☐ | 3 rd Grading Period | March 9, 2026 |
| ☐ | 4 th Grading Period | May 11, 2026 |

* Dates listed on the Grade Reporting form coincide with school calendar

Activity Grade _____ **(P/F) pass/fail**

Provider's Name (please print)

Date

Provider's Signature

Student Signature

Marsha Vawter (CHS and CSHS) **or**
e-mail address: marsha.vawter@southlakecarroll.edu
Mailing address:
Carroll ISD Administration Center
Attn: Marsha Vawter-OCPA
2400 N. Carroll Ave.
Southlake, TX 76092

Jenna Chitwood (CMS and DMS)
e-mail address: jenna.chitwood@southlakecarroll.edu
Mailing address:
Carroll ISD Administration Center
Attn: Jenna Chitwood-OCPA
2400 N. Carroll Ave.
Southlake, TX 76092

CISD - Approved OCPA Providers

Program	Provider	Contact Person
Conditioning/ Wt. Training Limited to Category II/5 hrs. Requires direct Instruction with trainer	D1 Southlake Planet Fitness 24 Hour Fitness Sanara Yoga & Wellness Sunstone Yoga/Cycling	Rodney Harris Mariah Wrenn Robert Manning Allison Ellis Jennifer Boncyk
Badminton	DFW Badminton Center	Cin Abidn
Baseball/Softball	Dallas Mustangs DBats Impact Baseball Club Redemptive Sports Top Prospects Academy United Baseball Club	Chad Allen Jane Murray Derek Worley Tommy Whiteman Nick Heitz Ben Pemberton
Boxing	Keller Boxing Club	Malaki Abdul-Malik
Dance	Ambition Dance ANS Rhythmics Artistry in Motion Dana's Studio of Dance Dance Axiom Eminence Dance Epicenter for the Arts Harlan House of Dance Majestic Dance Premier Ballet Coaching Studio 12 The Block Community Arts Center The Dallas Conservatory	Laura Williams/Wendy Jenkins Ashley Simpson Jillian Teague Dana Bailey Bryan Ingram Harry Feril Alia Isringhausen Lauren Allen Donna Oas Kafia Almayeva Lisa Daly Jayme Frasier Megan Weber
Diving	GC Divers	Krista Klein
Equestrian	Back-A-Bit Farm Backyard Barn Bridlewood Stables Freedom Acres Ranch LJ Equestrian Center Southlake Equestrian Summerhill Top Step Farm Windswept Farms	Kelsie Pead John Geist Carrie Richmond Trish Eilbert Lyric Vandeput Bridget Bello Amy Greene Jackie Jackson Debbie DiVechiaa
Fencing	Globus Fencing Academy Gold Blade Fencing Fencing Institute of Texas, Inc. Pegasus Sword Academy	Hyo Kun Lee Lorinda Gomez Brenda Waddoups Lisa Lambert
Golf	Altus Performance Academy Cowboys Golf Club Crown Golf	Nick Dunn/Mark Govier Britt Sharrock Joey Wuertemberger

	Jeff Isler Golf Academy Local Golf Sky Creek Golf Timarron Country Club Trophy Club Golf Vaquero Country Club	Jeff Isler Quinn Kauffman Simon Hall Dave Baron Kris Miller/Brady Ellis Richard Hare
Gymnastics/Cheer	Champion Cheer Cheer Athletics Empire Gymnastics Flawless Gymnastics Kurt Thomas Gymnastics Metroplex Gymnastics Southlake Gymnastics Academy Spirit Extreme Spirit of Texas Sunbelt Gymnastics Texas Dreams Top Flight US Gold Gymnastics World of Gymnastics	James Johnson/Richard Landers Aiden Garcia Chris Brashier Perseus Carter Beckie Thomas Lisa Alexander Michelle and Mark Seyler Walter Meriwether Brad Vaughan Ron Bartusiak Peggy Davis LeAnn Sweeny Tina Martin Julie Foster
Hockey	Dallas Stars Elite Dr. Pepper Stars Center Nytex Sports Center Plano Penguins	Eric Silverman Jeff Blumer Jennifer/Knute Anderson Malesa Rose
Lacrosse	Southlake Carroll Lacrosse/SCLA Lady Dragon Lacrosse/LDL	Bruce Frady Rainey Hodgson
Martial Arts	All American MMA J Tiger Legends Martial Arts Monaghan's Taekwondo Reveal Martial Arts Southlake Taekwondo/ATA 413 Jiu-Jitsu	Rocky Budri Jang Lee Jay Nelson Brian Monaghan Adam Spicar Jessica Boyer Pedro Rocha
Power Lifting	Texan Fitness	Robert Clayton
Rock Climbing	Movement Grapevine	Selah Taylor
Rowing	Founders Rowing Club Dallas Rowing Club Dallas United Crew	Matthew Naifeh Lauren Centeno Steve Perry
Skating	Nytex Sports Center Star Center	Jennifer Anderson Darlene Cain
Soccer	Allegiance FC Academy Dallas Texans Soccer D'Feeters Evolution Soccer FC Dallas Soccer Fever United Soccer Club Solar Chelsea ECNL	Edvaldo Pedro Alex Rozkov Adam Flynn Tommy Johnson Nipper Thorber Kenneth Penn Derek Missimo

Swimming	Lakeside Aquatics Lifetime Swim North TX Nadadores	Bryan Fisher Heather Maher Michelle Garner
Target Sports	Archery Insight Training Future Sports	Jesse Johnson Brett Reed
Tennis	Birch Tennis Brad Lock Tennis Braydyn McClanahan Tennis Dent Tennis SL 10 S Tennis Southlake Tennis Center Tennis Kevin Lam	Jenna Zamora Brad Lock Braydyn McClanahan Josh Korinek Paul Wagner Stephen Poorman Kevin Lam
Volleyball	Excel Volleyball MadSand Volleyball	Sherri Hausner Taylor Robinson
Water Polo	Cowtown Water Polo Pegasus Water Polo Thunder Water Polo	Keeley Lowery Peter Hudak Chris Cullen

***Other providers may be available. Please contact your OCPA coordinator.**

For Provider

Guidelines for Trainers and Coaches of Students applying for Physical Activities Programs for P.E. Substitute Credit

(Please give to Provider)

For a student to receive P.E. Substitute Credit for participating in your training program the following must be submitted to the CISD Off-Campus Physical Activity Provider or designee:

1. A letter on Business Letterhead stating: (if new provider)
 - The purpose of the program
 - A typical weekly schedule for training and competition
 - A description of the type and intensity of the program
 - The levels of competition involved
 - Other pertinent information to include:
Name, address, email address, phone number of trainer and training facility.
2. A signed Provider agreement accepting responsibility for the grading procedure.
3. A grade report (Pass/Fail) for each grading period. This must be submitted to the OCPA Coordinator for placement on the student's report card.
 - If the grade is not reported, the student will be given an "I" for incomplete work.
 - If the grade is not reported in a timely manner, the student will be denied the opportunity to participate in the program.
4. An activity log verifying that you monitored the activity (due on specific dates). The log is to be maintained by the student. This is not designed to produce more work for you, the provider. It should reflect:
 - A log of training, practice, tournament play or activity participation for each week.
 - Time, location, and length of training
 - Absences
 - Signature of student and trainer or coach.

For further information please contact the student's school counselor or Off Campus Physical Activity Coordinator.

§116.55. Individual Sports (One-Half Credit).

(a) General requirements. The recommended prerequisite for this course is Foundations of Personal Fitness.

(b) Introduction.

- (1) In Physical Education, students acquire movement knowledge and skills that provide the foundation for enjoyment, continued social development through physical activity, and access to a physically-active lifestyle. The student exhibits a physically-active lifestyle and understands the relationship between physical activity and health throughout the lifespan.
- (2) Students in Individual Sports are expected to participate in a wide range of individual sports that can be pursued for a lifetime. The continued development of health-related fitness and the selection of individual sport activities that are enjoyable is a major objective of this course.

(c) Knowledge and skills.

- (1) **Movement.** The student develops the ability to participate confidently in individual sports. The student is expected to:
 - (A) consistently perform skills and strategies and follow rules at a basic level of competency.
- (2) **Movement.** The student applies movement concepts and principles to the learning and development of motor skills. The student is expected to:
 - (A) use internal and external information to modify movement during performance;
 - (B) describe appropriate practice procedures to improve skill and strategy in a sport;
 - (C) develop an appropriate conditioning program for the selected sport; and
 - (D) identify correctly the critical elements for successful performance of a sport skill.
- (3) **Social development.** The student understands the basic components such as strategies, protocol, and rules of individual sports. The student is expected to:
 - (A) acknowledge good play from an opponent during competition;
 - (B) accept the roles and decisions of officials;
 - (C) demonstrate officiating techniques; and
 - (D) research and describe the historical development of an individual sport.

- (4) **Physical activity and health.** The student exhibits a physically-active lifestyle that improves health and provides opportunities for enjoyment and challenge during individual sports. The student is expected to:
- (A) select and participate in individual sports that provide for enjoyment and challenge;
 - (B) analyze and evaluate personal fitness status in terms of cardiovascular endurance, muscular strength and endurance, flexibility, and body composition;
 - (C) analyze and compare health and fitness benefits derived from participating in selected individual sports;
 - (D) establish realistic yet challenging health-related fitness goals for selected individual sports;
 - (E) explain the interrelatedness between selected individual sports and a personal fitness program;
 - (F) describe two training principles appropriate for enhancing flexibility, muscular strength and endurance, and cardio respiratory endurance; and
 - (G) explain the effects of substance abuse on personal health and performance in physical activity such as side effects of steroid use.
- (5) **Physical activity and health.** The student understands and applies safety practices associated with individual sports. The student is expected to:
- (A) evaluate risks and safety factors that may affect individual sport preferences;
 - (B) identify and follow safety procedures when participating in individual sports; and
 - (C) describe equipment and practices that prevent or reduce injuries.
- (6) **Social development.** The student develops positive personal and social skills needed to work independently and with others in individual sports. The student is expected to:
- (A) evaluate personal skills and set realistic goals for improvement;
 - (B) respond to challenges, successes, and failures in physical activities in socially appropriate ways;
 - (C) accept successes and performance limitations of self and others;
 - (D) anticipate potentially dangerous consequences of participating in selected individual sports; and
 - (E) demonstrate responsible behavior in individual sports such as playing by the rules, accepting lack of skill in others.

Source: The provisions of this §116.55 adopted to be effective September 1, 1998, 22 TexReg 7759.

§116.56. Team Sports (One-Half Credit).

(a) General requirements. The recommended prerequisite for this course is Foundations of Personal Fitness.

(b) Introduction.

- (1) In Physical Education, students acquire the knowledge and skills for movement that provide the foundation for enjoyment, continued social development through physical activity, and access to a physically-active lifestyle. The student exhibits a physically-active lifestyle and understands the relationship between physical activity and health throughout the lifespan.
- (2) Students enrolled in Team Sports are expected to develop health-related fitness and an appreciation for team work and fair play. Like the other high school physical education courses, Team Sports is less concerned with the acquisition of physical fitness during the course than reinforcing the concept of incorporating physical activity into a lifestyle beyond high school.

(c) Knowledge and skills.

(1) **Movement skills.**

- (A) demonstrate consistency using all the basic offensive skills of a sport while participating.
- (B) demonstrate consistency using all the basic defensive skills of a sport while participating.

(2) **Movement skills.** The student applies movement concepts and principles to the learning and development of motor skills. The student is expected to:

- (A) use internal and external information to modify movement during performance;
- (B) describe appropriate practice procedures to improve skill and strategy in an activity;
- (C) develop an appropriate conditioning program for the selected activity;
- (D) identify correctly the critical elements for successful performance within the context of the activity; and
- (E) recognize that improvement is possible with appropriate practice.

(3) **Social development.** The student understands the basic components such as strategies, protocol, and rules of structured physical activities. The student is expected to:

- (A) acknowledge good play from an opponent during competition;
- (B) accept the roles and decisions of officials;
- (C) demonstrate officiating techniques; and
- (D) research and describe the historical development of an individual sport.

- (4) **Physical activity and health.** The student exhibits a physically-active lifestyle that improves health and provides opportunities for enjoyment and challenge through team sports. The student is expected to:
- (A) select and participate in individual sports that provide for enjoyment and challenge;
 - (B) analyze and evaluate personal fitness status in terms of cardiovascular endurance, muscular strength and endurance, flexibility, and body composition;
 - (C) describe the health and fitness benefits derived from participating in selected team sports;
 - (D) establish realistic yet challenging health-related fitness goals;
 - (E) develop and participate in a personal fitness program that has the potential to provide identified goals; and
 - (F) describe two training principles appropriate for enhancing flexibility, muscular strength and endurance, and cardio respiratory endurance.
- (5) **Physical activity and health.** The student knows the implications and benefits from being involved in daily physical activity. The student is expected to:
- (A) discuss training principles appropriate for enhancing flexibility, muscular strength and endurance, and cardio respiratory endurance;
 - (B) explain the effects of eating and exercise patterns on weight control, self-concept, and physical performance; and
 - (C) explain the effects of substance abuse on personal health and performance in physical activity.
- (6) **Physical activity and health.** The student understands and applies safety practices associated with team sports. The student is expected to:
- (A) evaluate risks and safety factors that may affect sport preferences;
 - (B) identify and apply rules and procedures that are designed for safe participation in team sports;
 - (C) identify team sports that achieve health-related fitness goals in both school and community settings; and
 - (D) participate regularly in team sports.
- (7) **Social development.** The student develops positive self-management and social skills needed to work independently and with others in team sports. The student is expected to:
- (A) evaluate personal skills and set realistic goals for improvement;
 - (B) respond to challenges, successes, and failures in physical activities in socially appropriate ways;
 - (C) accept successes and performance limitations of self and others and exhibit appropriate behavior/responses;
 - (D) anticipate potentially dangerous consequences of participating in selected team sports; and
 - (E) display appropriate etiquette while participating in a sport.

PLEASE NOTE:

DURING THE SUMMER MONTHS

PLEASE MAIL OR DROP OFF ALL

APPLICATIONS TO:

***CARROLL ISD
ATTN: OCPA PROGRAM
2400 N. Carroll Ave.
Southlake, TX 76092***

***The Carroll Administration Center is open
Monday – Thursday in the summer.
THANK YOU.***