CUNHA INTERMEDIATE SCHOOL
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CABRILLO UNIFIED SCHOOL DISTRICT
Independent Study Physical Education Program (ISPE)

❑ Student/Parent review Criteria for ISPE

To be eligible, students must meet several criteria:

- Ongoing participation in a competitive activity for at least three years
- Be instructed by a certified coach
- Compete in at least 400 minutes of activity per 10 school days
- Grade of 'B' or higher in P.E. previously
- Completion of the Physical Fitness Test in Grades 5 and 7
- The program belongs to a recognized organization (i.e., Royal Academy of Dancing, U.S. Tennis Association, etc.)
- Supervised by their certified coach during ISPE
- Remain active in the program for the entire school year. Dismissal from the program for any reason will result in a failing grade or re-enrollment in Physical Education
- Submit Activity Log and grade reports by the established deadlines
- Completed application packet and meets criteria for ISPE as outlined in Administrative Regulation No. 6158.1 (attached)

❑ Student/Parent complete "Contract Form A"

❑ Coach/Instructor complete "Coach/Instructor Information Form B"

❑ Attach copy of Coach/Instructor proof of certification

❑ Return completed packet to your School Counselor by **May 31st, 2024**

*Due to scheduling deadlines, late applications cannot be accepted

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FOR OFFICE USE ONLY

❑ All completed documents received by deadline

❑ Instructor verified liability insurance

❑ Instructor provided proof of certification

❑ Principal Approval: _____

❑ Student's schedule updated on: _____ By: _____

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CABRILLO UNIFIED SCHOOL DISTRICT
Independent Study Physical Education Program (ISPE)

Contract Form A 2024-25
To be completed by Parent and Student

Student Name: _____ DOB:_____

Activity to be completed: _____ Grade (2024-25):_____

Coach/Instructor Name: _____

(Coach must show proof of certification and will be contacted to verify the following information)

1. Name of Business: _____
2. Business Phone Number: _____
3. Total number of hours this student receives a teaching lesson or supervised practice each week. (Must equal a minimum of 400 minutes per 10 school days) _____
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 Cabrillo Unified School District Harmless for any liability incurred during the period of this Independent Study Contract. Parent agrees to follow all requirements outlined in Administrative regulations No. 6158.1 Criteria for Independent Study Physical Education. Parent understands the District can terminate this contract at any time in the event that specific regulations or timelines are not followed.

_____ _____ _____ _____
Student Signature Date Parent Signature Date

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CABRILLO UNIFIED SCHOOL DISTRICT
Independent Study Physical Education Program (ISPE)

Coaches/Instructor Information Form B 2024-25
To be completed by Coach/Instructor

Student Name: _____ DOB:_____

Coach/Instructor Name: _____

1. Name of Business: _____
2. Business Address: _____

   _____
3. Business Phone Number: _____
4. Business License Number: _____
5. Do you have liability insurance? (circle): YES NO
6. Name of Insurance Company: _____
7. I hold the following credentials/degrees/certification: _____

   _____
8. How many years has this student received instruction from you? _____
9. Please indicate the ranking this student presently holds: _____
10. Describe the ranking procedures for your sport: _____
11. What is the name of the Regional and/or National organization that ranks your competitors:

    _____
12. What method(s) is used to determine the student's level of skill/competition?

    _____

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

_____

14. How many years has this student been a competitor?

_____

15. Do you consider this student to be a superior athlete in their sport? (circle): YES NO

I hereby certify that the above is true to the best of my knowledge. I understand that the above named student's state middle school physical education credits will be determined largely based on my recommendations and agree to complete the required reports as needed. I am a certified and professional instructor in the above named field.

_____ _____
Instructor Signature Date

*Please attach a copy of proof of your certification.
**Students will receive quarterly grade sheets to be completed by you and returned by the student to their school counselor.

Please write in the scheduled hours each day that this student receives a teaching lesson or supervised practice.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total Hours: _____

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Administrative Regulation 6158.1 Instruction
Criteria for Independent Study - Physical Education

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

1. The student applying for Independent Study - P.E. must have an established background and regularly compete (outside of class) in the physical activity for which the student is requesting independent study. **(Minimum of three years)**
2. The independent study program must include at least 400 minutes per 10 school days.
3. The student applying for Independent Study – P.E. must successfully complete the California Department of Education Physical Test administered in grades 5, 7 and 9.
4. The student must have a coach, teacher, or instructor who is either certified or qualified in their expertise. A copy of their certification must accompany the application for Independent Study - P.E. and be on file at the school of enrollment.
5. The program the student is electing to adopt as their P.E. program must be part of a larger network of professionals or member of an association (i.e., Royal Academy of Dancing, United States Tennis Association, United States Figure Skating Association, etc.).
6. The student must be supervised during Independent Study - P.E. by the Coach, or certified instructor.
7. The independent study program must have a specific curriculum with goals and objectives. There must be a periodic assessment of the student's progress. The instructor must be able to submit grades and attendance to the school of enrollment in a timely manner.
8. The school is responsible for providing a grading packet to the instructor and also is responsible for notifying the instructor of grade deadlines. All final grades will be determined by the District independent study teacher.
9. The school or district administrators have the right to observe an independent study session at any time upon first notifying the coach or instructor.
10. The independent study program and its goals must meet the physical education curriculum standards adopted by the Cabrillo Unified School District as outlined in the CUSD Physical Education Course of Study and Curriculum Guide (pp. 33-35) and the Physically Educated Student: Definition and Outcomes (pp. 73-75) of the California State Board of Education Physical Education Framework, published 1994.
11. For physical activity programs that take place outdoors, an alternative plan for inclement weather needs to be provided.
12. The location of the facility or area of activity must be provided with address and telephone.
13. A disclaimer of liability of CUSD must be signed by the parent or guardian.
14. The certified coach, teacher, or instructor is required to provide a written report, or to attend a regularly scheduled meeting with the district independent study teacher in accordance with Policy 6158 to review progress.

Regulation CABRILLO UNIFIED SCHOOL DISTRICT
approved: December 11, 2008 Half Moon Bay, California