



Redlands Unified School District Independent Study – Physical Education

Master Agreement

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 7th to 12th 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) school year but may be renewed at the beginning of each year 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 supervised, 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 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 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: _____

Student Signature _____ Date: _____

Coach/Instructor Signature _____ Date: _____



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

Individual Plan

Student Name: _____ Telephone Number: _____

School: _____ School Year: _____ Grade: _____

Type of Activity: _____

This Activity is (Check one): Year-round Seasonal

I participate in regular competitions at the follow levels: Regional National International

National, International, or Professional Group/Club Affiliation (***)Please attach a copy of current membership card to this application(***): _____

Name and Title of Coach/Instructor (Please attach coach/instructor resume to this application):

List the competitions that you will be training for this year: (be specific of how this is a regional, state, or national-level competition)

Statement of long-range goal(s): (example: qualification for major regional, state, or national events; Division I college scholarship; participation on USA National Team; qualification on professional team)

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

Please explain how Independent Study PE will help you to accomplish your goals:

***Please note that responses to all the questions must demonstrate a clear dedication to athletic activity at the national, international, or state levels in order to be considered for Independent Study Physical Education in RUSD.

List of coach-supervised 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
TOTAL HOURS PER WEEK	

Plan Completed By

Student
Signature: _____

Parent/Guardian
Signature: _____

Plan Reviewed By

Principal
Signature: _____

Coach/Instructor
Signature: _____

I certify that all hours will be under my supervision, or the supervision of our organization Yes No

****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: _____

Website of Group/Club: _____

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

Professional Preparation:

Previous Positions/Assignments/Employment:

Membership in Professional Organizations:

Additional information you feel is pertinent:

Coach/Instructor Signature: _____ Date: _____