Santa Barbara Unified School District

Independent Study Physical Education (ISPE)

Criteria and Guidelines

To qualify for ISPE a student must have a Grade Point Average (GPA) of 2.0 and no conduct violations. In addition, the student must meet the following criteria:

The student is an exceptionally gifted athlete who is competing at a state or national competition level. A student participating in a non-ranked activity must be in advanced level courses.

1. Students must provide a portfolio which include applicable evidence for meeting ISPE criteria such as: official competition records, results, or rankings; a calendar of competitive events; evidence of membership in an official league or athletic organization; copies of performance contracts; lists of competitive dance pieces; lists of advanced level course enrollment, or any other evidence of advancing rank.

2. The supervised instruction requirement which includes training and competition or performance and must be a minimum of fifteen hours every two weeks.

3. The parent will be required to sign a Parent Release of Liability Form which holds the District harmless from any liability or claims as a result of the ISPE program.

4. All ISPE instructors/coaches are to provide insurance verification and the hold harmless agreement provided in this packet.

5. All Students in grade 7 and 9 are required to complete the California Education Department's physical education fitness test at the same time as all the other students in these grades. It will be the responsibility of the student applicant to insure that he/she notifies the physical education department chair to arrange for their participation in the state mandated testing program. The student is required to complete the test before credit for ISPE will be granted.

6. Students must receive at least a passing score on the CA Physical Fitness Test in either 7^{th} or 9^{th} grade tests to be eligible to participate in the ISPE program.

7. Students in grades 11 and 12 who have completed their four semesters of physical education credit for graduation may take ISPE as an elective if they meet the criteria for participating in ISPE.

8. Students will not be enrolled in an additional elective course to replace the regular physical education class.

9. The parent/guardian agrees to undertake all transportation of the student to and from ISPE. The District will not provide transportation.

While the schools will establish certain requirements in implementing this policy, the Santa Barbara Unified School District and its schools are not responsible for the quality or conditions of instruction conducted off school premises in the ISPE program.

Santa Barbara Unified School District

Independent Study Physical Education (ISPE)

Checklist

The following items must be on file before your Independent Study application is complete. The application deadline is March 1 before the school year for which the contract applies.

1) A parent/guardian letter of request stating the reason(s) a release is needed from the school physical education program

2) The signed ISPE contract

3) Student goals sheet

4) Coach/instructor's statement of responsibility

5) Coach/instructor's Hold Harmless Agreement and Certificate of Insurance

6) Parent/guardian Release of Liability form

7) A portfolio is required for all students who wish to qualify.
   The following is to be included in the portfolio:
   - Items (1) through (6)
   - Applicable evidence for meeting ISPE criteria such as:
     - Official competition records, results, ranking (state or national level)
     - Copy of organization membership card or equivalent
     - Calendar of competitive events or performances/contracts
     - Lists of competitive dance pieces
     - Lists of advanced level course enrollment
     - Other evidence of advancing rank or high level of performance, including scores within the "Healthy Fitness Zone", or better, on four out of the six components of the CA Physical Fitness Test.

(8) Inter-scholastic Team Sports Physical

Santa Barbara Unified School District

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Student Contract

The application deadline is March 1 before the school year for which the contract applies.

ISPE Requested for: Student I.D. # _____

Fall _____
Spring _____
Both _____
Activity:

Name: _____ Birthdate: _____ Age:_____ Grade: _____

Address: _____

Parent/Guardian name: _____ Business phone: _____

Parent e-mail address:_____ Home phone: _____

Teacher/Coach/Instructor:_____ Phone:_____

Business name (if appropriate): _____ E-mail: _____

Business address: _____

Location of formal instruction:_____

Coach/Instructor's method of evaluation: ____Test ____Demonstration of Skills ____Oral Presentation____

_____ Logs Observation

Other: _____

Signatures: (We have read the terms of this contract and hereby agree to all the conditions set forth)

1. Student: _____ Date: _____

2. Parent/Guardian: _____ Date: _____

3. Teacher/Instructor/Coach:_____ Date: _____

4. P.E. Department Chairperson: _____ Date: _____

Completed contracts will be approved/denied by the ISPE Coordinator

Santa Barbara Unified School District

Independent Study Physical Education (ISPE)

Student Goals

Statement of performance objectives: (What do you plan to achieve during the time of this contract?)
Please list your specific, measurable goals:

Goals	Learning Activities
1.	
2.	
3.	
4.	
5.	

Note: For one ISPE course, the student must work with supervised instruction for a minimum of 15 hours every two weeks.

Please indicate below how you plan to fulfill this time obligation:

Day	Activity	Specific Workout Routine Details	Daily Time Schedule	Practice Location	Total # of Hours

Total time in hours every week: _____

Santa Barbara Unified School District

Independent Study Physical Education (ISPE)

Instructor's Statement of Responsibility

The outside independent agency/instructor/coach must submit this completed form and meet specific District criteria related to liability prior to being approved as an independent study agency for a student. The supervision of ISPE activities must be performed by a coach who is at least 21 years of age, who has a certificate or credential in that activity, or who has participated for at least 4 years at a collegiate/world class level in that activity. As such, you are required to describe your background and experience that qualify you or your agency for training at this level. This must be attached to this "Instructor's Statement of Responsibility". Please also attach a résumé for the instructor who will be doing the training.

I understand the concept of the Independent Study Physical Education program and accept the responsibility as _____ (Student's name) coach. I understand the requirements associated with this request to provide ISPE to students in the Santa Barbara Unified School District in the conduct of this program. We agree to assume all responsibility for _____ . (Student's name)

I will PERSONALLY instruct this athlete for a minimum of 15 hours every two (2) weeks. In addition, I will sign his/her time logs, as well as PERSONALLY write and sign his/her quarter and semester evaluations which will include a one page statement evaluating the athlete's participation and progress towards stated goals and objectives. If there are any questions regarding the ISPE program, or your athlete, please contact the ISPE Coordinator at the athlete's school site.

Dated:_____

Agency/Instructor/Coach's name _____ Phone number _____

Agency/Instructor/Coach's signature _____

Athlete's name _____

Santa Barbara Unified School District

Independent Study Physical Education

Hold Harmless Agreement

_____ (Agency/Instructor/Coach) hereby agrees to defend, indemnify and hold the Santa Barbara Unified School District (SBUSD), its directors, officers, agents, employees and individual members, free and harmless from and against any and all liability, claims, demands, causes of action at law or equity, expenses and costs (including attorneys' fees), or loss of any sort of personal injury (including death) and property damage that may arise during or because in any way by such use, operation, occupancy, acts, omissions, and/or condition of premises under Independent Study Physical Education (ISPE) Program participation.

For high risk level activities (See ISPE Insurance Requirements Addendum A):

_____ (Agency/Instructor/Coach) further agrees, pursuant to the hold harmless agreement above, to procure and maintain at its sole expense Commercial General Liability insurance naming the Santa Barbara Unified School District, its Board of Trustees, officers, employees as additional insured, with limits **no less than $2,000,000** combined single limit ***per*** occurrence for personal injury and/or property damage.

For low risk level activities (See ISPE Insurance Requirements Addendum A):

_____ (Agency/Instructor/Coach) further agrees, pursuant to the hold harmless agreement above, to procure and maintain at its sole expense Commercial General Liability insurance naming the Santa Barbara Unified School District, its Board of Trustees, officers, employees as additional insured, with limits **no less than $1,000,000** combined single limit ***per*** occurrence for personal injury and/or property damage.

For agencies providing either low or high risk level activities:

_____ (Agency/Instructor/Coach) shall provide the SBUSD with the appropriate certificate of insurance (Accord Form 26-S) ***and*** additional insured endorsement form (ISO CG 2026) evidencing all required coverage, understands and agrees that he/she and all of his/her employees or agents shall not be considered officers, employees or agents of the Santa Barbara Unified School District, as they relate to the Independent Study Physical Education program.

The insurance certificate and endorsement form should be sent to:

Santa Barbara Unified School District

C/O Business Office

720 Santa Barbara St., Santa Barbara, CA 93101

BY:_____ DATE: _____ (Agency Representative/Instructor/Coach

Santa Barbara Unified School District

Parent Release of Liability and Assumption of Risk Agreement For Independent Study Physical Education Program Participation

This is a release of liability and assumption of risk agreement. Read it carefully and sign below.
Completion of this release is a prerequisite to participation in Independent Study Physical Education Program. This release essentially says the student named below is going to participate in an Independent Study Physical Education Program which involves inherent risks to participants. If he/she is hurt, injured, or even dies, you (i.e., the student, parents and heirs) will not make a claim against or sue the Santa Barbara Unified School District, its Board of Trustees, officers, employees, volunteers, and agents, or expect them to be responsible or pay for any damages.

We, the undersigned, understand and acknowledge that _____(Name of Student) has voluntarily chosen to participate in an Independent Study Physical Education Program. We know and fully understand that any physical education activity, including, but not limited to,_____ (Name of Activity), involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even die. Regardless of whether the athletic activity involves physical contact or not, all athletic activities and sports have inherent risks of injury which are inseparable from the activity and cannot be entirely eliminated regardless of the care taken by players, instructors, coaches, trainers, or other staff. Furthermore, we understand that while the school district may establish certain requirements in implementing the Independent Study Physical Education Program, neither the District nor its schools are responsible for the quality or conditions of instruction involved with this program in that it involves physical activities which are off of school district premises and are not organized or supervised by the school district. We acknowledge and willingly assume all risks and hazards of potential injury and death which may arise out of participation in this Independent Study Physical Education Program, including any transportation to or from any such program.

_____'s (Name of Student) participation in this Independent Study Physical Education Program is purely voluntary and it is being done at his/her own risk. In consideration for Santa Barbara Unified School District allowing the above-named student to participate in this Independent Study Physical Education Program, we voluntarily agree to release, waive, discharge, and hold harmless Santa Barbara Unified School District, its Board of Trustees, officers, employees, volunteers, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the student illness, injury, death and damages of any nature in any way connected with the student's participation in this program. We also expressly agree to release and discharge Santa Barbara Unified School District, its Board of Trustees, officers, employees, volunteers, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in this Independent Study Physical Education Program, and I sign this release on his/her behalf. In signing this document, I fully recognize and understand that if my son/daughter is hurt, dies, or his/her property is damaged, I am giving up the student's right and the rights of the parents and heirs to make a claim or file a lawsuit against Santa Barbara Unified School District, its Board of Trustees, officers, employees, volunteers, and agents. California Law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death, occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions, shall sign a statement waiving such claims." (Education Code Section 35330)

WE, THE UNDERSIGNED, HAVE READ THIS DOCUMENT. WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. WE FURTHER UNDERSTAND THAT WE ARE ASSUMING ALL RISKS INHERENT IN THIS INDEPENDENT STUDY PHYSICAL EDUCATION PROGRAM. WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS, PARTICIPATION IN THE PROGRAM AND ANY FIELD TRIP OR EXCURSION ASSOCIATED WITH IT.

Student/Participant Signature_____ Date _____

Parent/Guardian Signature _____ Date

Santa Barbara Unified School District

Independent Study Physical Education (ISPE)

Course Requirements

1. The student shall participate in instruction, which may include competition or performance, for a minimum of fifteen hours every two weeks.

2. ISPE logs must be submitted indicating days and hours of instruction. Logs must be signed by your instructor and parent. Logs are available from your ISPE coordinator. On the Wednesday of the last week of the quarter/term, a one-page paper is due from the student indicating his/her self-evaluation of progress toward stated goals. In addition, a one-half page statement personally written and signed by the ISPE coach/instructor is due which indicates that satisfactory progress is being made toward the goals.

3. On the Wednesday of the last week of the semester, a two-page paper is due which must include: (a) the student's evaluation of his/her success in attaining the stated goals and objectives, answers to the questions on the report form relative to the student's sport/activity, and a statement indicating future goals if the student intends to continue the same activity for an additional semester, and (b) a one-page statement personally written and signed by the ISPE coach/instructor evaluating the student's semester participation and progress.

4. All second semester grade 7 and 9 ISPE students must make arrangements with the ISPE coordinator to take the state mandated California Physical Fitness test. The results of such tests must be recorded, signed and dated by the physical education instructor administering the test. This information must be turned in during the second semester.

Dropping an Independent Study P.E. Course

1. A student may drop a class anytime during the first four weeks of a semester (two weeks for the 4 X 4 schedule) without a grading penalty on the student transcript, if approved by the parent/guardian and school counselor.

2. After the fourth week (second week for the 4 X 4 schedule) of the semester a student who drops a class will receive a withdraw/no credit on the student transcript.

3. No class may be dropped within 30 school days (15 days for the 4 X 4 schedule) of the final marking period, nor may any class be added for transfer units within 30 school days (15 days for the 4 X 4 schedule) of the final marking period.

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations.

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

_____

Have you ever had surgery? If yes, list all past surgical procedures. _____

_____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

_____

_____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

_____

_____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (*CONTINUED*)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (*CONTINUED*)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations.

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. Consider additional questions on more-sensitive issues.
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

[a] Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

_____

☐ Medically eligible for certain sports

_____

_____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information: _____

_____

_____

Emergency contacts: _____

_____

_____

ADDENDUM A

Independent Study Physical Education Insurance Requirements

Low Risk Independent Study Physical Education Activities

ISPE activities requiring a ***$1M*** commercial general liability policy *and* include the Santa Barbara Unified School District as additional insured:

- Bowling
- Dance (e.g. ballet, tap, swing, hip-hop)
- Golf
- Gymnastics
- Ice skating
- Soccer
- Swim
- Tennis
- Water Polo

High Risk Independent Study Physical Education Activities

ISPE activities requiring a ***$2M*** commercial general liability policy *and* include the Santa Barbara Unified School District as additional insured:

- Aerial Dance
- Archery
- Bicycle (e.g. BMX, racing, jumping, mountain)
- Boating
- Bob-sledding
- Boxing
- Brazilian Jiu Jitsu
- Equestrian
- Fencing
- Hockey
- Martial Arts
- Parasailing
- Rock climbing (including indoors)
- Roller blading
- Sailing
- Skiing
- Surfing