STUDENT NAME: _____ ID #: _____ COUNSELOR: _____

INDEPENDENT STUDY IN PHYSICAL EDUCATION 2026-2027

APPLICATION PACKET

SCHOOL SITE:

[ ] **BURBANK HIGH SCHOOL**

[ ] **JOHN BURROUGHS HIGH SCHOOL**

----------OFFICE USE ONLY----------

[ ] **NEW** [ ] **RENEWAL**

Application reviewed by BUSD ISPE Committee on _____ , 2026

Application APPROVED / PENDING (see highlighted) / DENIED (due to the following reason(s))

_____

_____

_____

_____

_____ _____

Signature of Administrative Designee Date

Applications must be submitted to the site administrator in charge no later than September 3, 2026.

2026-2027
Independent Study Physical Education (ISPE)
Application for Grades 9-12

Overview

We in the Burbank Unified School District (BUSD) believe that all students benefit from participating in physical education through a comprehensive, standards-aligned program that integrates physical fitness into the broad range of activities students enjoy. Quality physical education programs help all students develop health-related fitness, physical competence, cognitive understanding, and positive attitudes toward physical activity, enabling them to adopt healthy, physically active lifestyles. With high-quality physical education instruction, students become confident, independent, self-controlled, and resilient; develop positive social skills; set and strive for personal, achievable goals; assume leadership; cooperate with others; accept responsibility for their own behavior; and ultimately improve their academic performance.

The purpose of the Burbank Unified School District Independent Study Physical Education (ISPE) program is to provide an alternative to the regular physical education or athletics program, while remaining consistent with the BUSD course of study, our BUSD Board policy and administrative regulation, and the California State Physical Education Framework for physical education. ISPE is an instructional strategy for delivering California's standards-based, grade-level content; not an alternative curriculum and is expected to be equal in quality to classroom instruction. EC Section 51745(a)(3). Since ISPE is an alternative instructional strategy, not an alternative curriculum, students follow the same course of study and meet the same academic standards as classroom-based students. ISPE affords students the opportunity to extend physical education learning activities beyond the school campus and regular school hours. ISPE allows the student advanced study in activities not normally available in the District's physical education program. ISPE is available for eligible students grades 9th-12th. Site administrators authorize, supervise and monitor all aspects of ISPE.

Students who participate in ISPE are engaged in advanced levels of competition through demanding, regular, out-of-school, elite physical activity. The program is designed for the student who is engaged in a preparation program for State, National, or Olympic-level athletic competition and is a highly ranked athlete in their program. ISPE is not for recreational programs; a major factor in determining acceptance or rejection of the ISPE request will be the difference between a recreational and a competitive program, if the student is a highly ranked competitor in their program, and if the sport/program is already offered at the school or not. The nature of the ISPE program must provide a training and weekly practice schedule minimum of 7.5 hours per 5 school days, Monday-Friday. The number of hours is reflective of the practice required for a highly competitive program.

Required Application Documents

- ☐ Application Form
- ☐ Verifying Signatures
- ☐ ISPE Indemnification
- ☐ Instructor/Coach Information
- ☐ Instructor/Coach First Aid Certification
- ☐ Instructor/Coach CPR Certification
- ☐ Proof of Certification Coaching Organization
- ☐ ISPE Learning Plan
- ☐ ISPE Program Brochure/Information about Course of Study
- ☐ Calendar of Practices and Competitions

Required Documents for Approved ISPE Students

- ☐ Activity Log
- ☐ Evidence of Competition Participation and Ranking

Application Timeline

2025-26 School Year Application Window:
Applications will be accepted until September 3, 2026, for the 2026-2027 school year.

Sites will inform parents/guardians of the application approval/denial prior to **September 5, 2026.**

During the application window ISPE applications/agreements are available on all high school websites and in high school offices. **The school site administrator and counselors are responsible for informing new and returning students of the availability of ISPE as part of the scheduling and orientation process.** Applications will only be accepted up until the due date or **within the first three weeks of the school year for students new/re-enrolling to the District**. **Late applications will not be accepted**. Site administrator or designated committee reviews each application, determines if the application and ISPE program meets necessary requirements, notifies the applicant of their decision and oversees the completion of all ISPE requirements per the agreement.
Students will be contacted regarding status prior to the start of the next school year or by the end of the third week of school (depending on submission date).. Approval must be received from the site administrator prior to starting any ISPE-designated activity. **Students must apply every year for ISPE. There is no mid-semester or mid-year entry into ISPE.**

Email all completed documents to your child's JBHS or BHS counselor by the deadline.

Appeals

If the site administrator/designee/committee denies the application, an appeal may be made by submitting a letter to the BUSD Director of Secondary Education, Julie Markussen, at juliemarkussen@burbankusd.org. Written appeals should be placed within **seven days of the site admin/designee's decision** and include supporting documentation; **late appeals will not be accepted**. Your appeal will be reviewed, and if approved, you must set up a meeting with the site administrator to complete the required forms within a timely manner. **All decisions are final.**

Eligibility Criteria

1. Student must be in grades 9-12 and enrolled in BUSD.
2. Students who have not yet completed their PE requirements will be enrolled in an on-campus PE class until their ISPE applications are approved. Students not approved for ISPE will remain in their on-campus PE classes for the remainder of the school year.
3. **Student is a member of a sport not offered at the school.** The student practices and competes on a schedule comparable to a school sport in season.
4. Student must participate in a yearlong preparation program for State, National, or Olympic-level athletic competition in an individual or team sport or physically active performing art. Students participating in a recreational program are not eligible for ISPE.
5. Student engages in physical activity tied to the state physical education framework and standards for 7.5 hours for each 5 school days (**weekend events not included**). These minutes cannot be part of any school activity, performance, curriculum, or clubs.
6. ISPE program must be a structured program taught by qualified individual(s) responsible for supervising, documenting and verifying student participation, progress and performance. Parents will not be approved as a supervising coach for their child
7. A formal contract must be signed *before* starting, detailing the learning objectives, evaluation methods, and duration (EC 51747(g)).
8. Working out at a gym (yoga, weights etc.) or with a personal trainer/private lessons does not qualify for ISPE.
9. Students in 9th grade must participate in the California Physical Fitness Test (PFT). If necessary, parents shall ensure their students are available to take the PFT before and/or after school.(EC 60800).
10. ISPE students must have passed PE class the previous year with a C- or higher. ISPE cannot be used to make-up a failing grade in physical education.
11. Student must maintain a 2.0 GPA and have no F grades. (If a student falls below a 2.0 GPA and/or receives any Fs, they will not be eligible for ISPE in the following year).
12. Parent/guardian agrees to undertake all transportation of the student to and from ISPE activities.
13. School functions (field trips, detentions, guided studies, etc.) take priority over outside activities, and students must attend even if interfering with their ISPE program.

Grading

1. ISPE students will receive a grade of PASS (P) or FAIL (F).
2. Course credit is earned when a grade of PASS is earned at the end of the semester.
3. A passing grade is earned by satisfactorily fulfilling ISPE agreement including submitting complete and accurate ISPE Activity Log. All paperwork must be submitted by the deadline.
4. ISPE students must complete and submit the ISPE Student Activity Log on the day prior to the end of each grading period. On the Activity Log ISPE students must complete and document a minimum of 7.5 hours for each 5 school days of physical education learning activity for the duration of each term. These minutes cannot be a part of any school activity: curriculum, athletics, or clubs. All necessary signatures verifying activity must be completed by the due date. Incomplete or late forms will not be accepted.
5. Students turning in the Activity Log late will receive a grade of Fail (F) on their progress report. This grade will not be changed until the final semester grade is recorded. All semester grades are final.
6. If a student fails ISPE they will be immediately unenrolled from ISPE and enrolled in regular PE for the current and future semesters and will not be eligible to enroll in ISPE in the future.

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ISPE Application Form

To be completed by the parent/guardian

Student Last Name:	Student First Name:	Student ID:
School:	Current Grade:	Next Year's Grade:
Parent/Guardian Name:	Home Phone:	Parent Email:
Home Address:	Home State:	Home Zipcode:
ISPE Competitive Sport:	PE Grade in Previous Semester:	GPA:
Briefly explain why this proposed ISPE course of study is requested and should be considered as a substitute for regular attendance and participation in the required school physical education program:		
Describe how many hours per week of learning an activity are included in the proposed ISPE course of study and how the time will be used? (Minimum of 7.5 hours each school week M-F):		
Are you requesting less than a 6th period day? If yes, AM or PM?		

ISPE Verifying Signatures

Student's Responsibility To be Completed by the Student
● I understand that it is my responsibility to attend the activity as outlined for a minimum of 7.5 hours per 5 days and meet the standards expected by the instructor. ● I understand that I must submit the Activity Log and evidence of competition participation during the last week of every grading period. ● I understand that I will lose all hours earned and receive a course grade of FAIL if I leave the ISPE program for any reason without notifying the ISPE coordinator.
Signature of Student: Date:

Parent's/Guardian's Acknowledgement To be Completed by the Parent/Guardian
I understand that BUSD does not investigate the site of the activities to assess potential for injury nor is the District responsible for the selection or qualifying or any Instructor/Coach for this program. I accept full responsibility for any injury or harm which might occur in the ISPE program. I am aware that, if my child fails to: ● meet the attendance requirements set forth by BUSD; ● the standards set by the instructor or coach; ● complete and submit the Activity Log by the deadline; and ● the 7.5 hours per 5 school days minimum, my child will not meet the semester requirement for P.E. nor receive credit. I understand the criteria required in order for ISPE to be approved (see eligibility criteria page 3 and checklist on page 11).
Signature of Parent/Guardian: Date:

Instructor/Coach Approval To be Completed by the Outside Activity Specialist/Instructor/Coach
I certify the above-named student attends, participates in, and meets the standards of the activity set by the instructor. I am also accepting the responsibility to submit First Aid and CPR certification, and keep track of the student's ISPE hours in which I personally supervise the activity at a minimum of 7.5 hours per 5 school days M-F.
Signature of Instructor/Coach: Date:

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ISPE Indemnification

The ISPE applicant and their parent or guardian shall indemnify, defend and hold harmless, to the maximum extent permitted by law, the Burbank Unified School District and its officers, Board Members, agents, and employees from and against any and all liability, suits, actions, proceeding judgments, claims, losses, costs (including attorney's fees), liens, damages, injuries (whether in contract or in tort, including personal injury, accidental death or property damage, and regardless of whether the allegations are false, fraudulent or groundless), relating to and arising from the applicant's participation in any and all ISPE activities contained within this ISPE agreement or any activities engaged in by the applicant in the use of any equipment, transportation or facility related to completion of this agreement. In addition, parent-guardian accepts full responsibility for student transportation to and from any ISPE learning activity and financial liability for any and all criminal acts, accidents, injuries, illnesses or death that could occur as a result of the student's participation in any ISPE-related physical education/sports learning activities.

I hereby certify that the information provided as a part of this application is true and accurate. I agree to abide by all ISPE rules and conditions described in this application/agreement.

Signature of Parent/Guardian:	Date:
Signature of Student:	Date:

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ISPE Instructor/Coach Information

To be completed by the primary outside activity Specialist/Instructor/Coach

☐ First Aid Certification attached
☐ CPR Certification attached
☐ Proof of Certification by state or national coaching organization attached

Student Last Name:	Student First Name:	Student ID:
Instructor Last Name:	Instructor First Name:	Title:
Organization Name:	Phone:	Email:
Address:	State:	Zip Code:
Describe the training that prepared you to supervise this activity:		
In what position are you currently employed that qualifies you to supervise this student?		
State the respective governing organization of which you or your organization is certified (attached certification):		
Will you be present for all student rehearsal activities (required)?		
What is the primary location where the proposed ISPE program will take place?		
Signature of Instructor/Coach:		Date:

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ISPE Learning Plan

To be completed by the primary outside activity Specialist/Instructor/Coach

☐ Program Brochure/Information about Course of Study attached

☐ Student Practices and Competition Calendar attached

Student Last Name:	Student First Name:	Student ID:
How does your program satisfactorily meet the state Physical Education framework and standards?		
What skills/abilities will the student develop as a result of this ISPE program? Specify the objectives for the year.		
Describe the activities that the student will be participating in or a minimum of 7.5 hours each week M-F:		
Describe how the ISPE program is highly competitive at the State, National, or Olympic level (if the program is recreational or club the student is not eligible for ISPE):		
What is the student's current competitive ranking?		
What state, national, and/or Olympic competitions has this student previously participated in?		
What state, national, and/or Olympic competitions will the student participate in this year?		
☐ I certify that the above-named student attends, participates in, and meets the standards of the activity set by the instructor. I am also accepting the responsibility of keeping track of the student's ISPE hours, in which I personally supervise the student's activity and ensure it is tied to the state PE standards. I certify that the information provided is true, accurate, and complete.		
Signature of Instructor/Coach:		Date:

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ISPE Activity Log

For approved ISPE program students

The schedule/log must document weekly participation in the learning activities including weekly dates and times of the learning activities and a brief description of the activities that have been successfully completed. Activities should describe the progress towards the state physical education standards. A minimum of 7.5 hours for every 5 school days M-F is required to satisfactorily meet the program requirements. **Late or incomplete forms will not be accepted.**

Make copies of the form and add pages as needed.

- ☐ Attach any evidence of participation in competitions such as certificates, event lists, newspaper articles etc.
- ☐ Log(s) with signature due one day prior to the end of the grading period.

Student Name:	Student ID:

Date	Location	Activity	Time	Total Hours

Describe the student's progress toward successful completion of short term and long term goals. Indicate areas of success and areas that indicate need for improvement including in skill attainment, citizenship, and work habits.
Instructor/Coach Signature: Date:

For Administrative Use Only

Student Name:

Yes	No	Eligibility Criteria	Notes
☐	☐	Student is a 9th-12th grader enrolled in BUSD.	
☐	☐	Student has GPA of 2.0 or higher and no Fs.	
☐	☐	Student has a previous PE grade of a C- or higher.	
☐	☐	Student has not previously received a FAIL in ISPE.	
☐	☐	ISPE is not being used to make a failing grade in PE.	
☐	☐	Student has taken and passed appropriate required grade-level physical education tests.	
☐	☐	Student participates in a highly competitive sport or physically active performing art at the state, national, or Olympic level.	
☐	☐	Student is highly ranked in the competitive program.	
☐	☐	The ISPE sport/program is not already offered at the school.	
☐	☐	The ISPE program is a year long (semester 1 and semester 2) and practices and competes on a schedule comparable to a sport in season.	
☐	☐	The ISPE program engages student for 7.5 hours every 5 days, M-F.	
☐	☐	ISPE program connects to the state PE framework and standards.	
☐	☐	ISPE program is taught by an individual responsible for supervising, documenting, and verifying student participation, progress, and performance (parents are not approved supervisors).	
☐	☐	IPSPE instructor coach is CPR, First Aid, and Coach Certified (all documents are attached).	
☐	☐	Brochure/program, and practice/competition schedule are attached.	
☐	☐	All application information is complete.	

Approval of ISPE Program:

☐ Yes student is approved for ISPE

☐ No student application is denied for the following reason:

Administrator/Designee Signature: _____ Date:_____

For Administrative Use

To be completed by the student, student's advisor, and administrator indicating that each party has a copy of the completed and approved/denied application. It is the responsibility of the student and the student's advisor to maintain their copy as a record.

"The following signature certifies that I have been provided a copy of my approved/denied BUSD ISPE Application Packet."

Student Printed Name:	Student Signature:	Date:
Parent Printed Name:	Parent Signature:	Date:
Counselor Printed Name:	Counselor Signature:	Date:
Administrator Printed Name:	Administrator Signature:	Date: