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**CULVER CITY UNIFIED SCHOOL DISTRICT
Independent Studies Physical Education**

COVER PAGE

According to Culver City Unified School District’s Board Policy, students may participate in Independent Study PE in certain highly exceptional cases. Students in middle school or high school participating in “demanding, regular, out-of school elite physical activity” (AR 6158.1) may petition to be excused from the required physical education courses and satisfy his/her physical education requirement through a PE Independent Study. **Petitioning applications must satisfy the following criteria:**

- ✓ The activity is significantly different or of a level that is not available in the school program.
- ✓ Student must provide official documentation of ranking at regional, state, national, or international level. *(A major factor in determining acceptance or rejection of this request will be the difference between a recreational and a competitive program.)*
- ✓ Student must participate in no less than **10 hours** of documented instructional time a week, Monday through Friday.
- ✓ The Independent Study PE does not conflict with the student’s schedule of school classes and is consistent with the school’s PE curriculum and the CA State PE Framework.
- ✓ If student is in 7th or 9th grade, student will participate in the FITNESSGRAM at the school site with their designated PE teacher.
- ✓ The Independent PE program is conducted under the direct supervision of a credentialed or otherwise qualified instructor.

STUDENT NAME:	GRADE:
SCHOOL:	SCHOOL YEAR:

Attachments Required with Application

- Cover Page **REQUIRED**
- Documentation of Competition/Performance **REQUIRED**
- Instructor’s Qualifications Page **REQUIRED**
- Supplemental Documentation from Instructor **REQUIRED**
 - Proof of certification by state or national coaching organization
 - Resume or history of training/experience
 - Proof of up-to-date first aid/CPR certification
- Student Independent PE Learning Plan **REQUIRED**
- Proof of student ranking, completion, awards, etc. **REQUIRED**
 - Videotape of performance
 - Award/place/participation certificates
 - Meet/event participant lists
 - Newspaper listing stating participant’s name

For Office Use Only:

_____	_____	_____	_____	_____
PE Dept. Chair	Date	Counselor	Date	Assistant Principal/Principal Date

CULVER CITY UNIFIED SCHOOL DISTRICT
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INSTRUCTOR'S QUALIFICATIONS
(To be completed by the outside coach/instructor)

SPORT:	
SUPERVISING COACH/INSTRUCTOR:	
SPONSORING ORGANIZATION NAME:	
SPONSORING ORGANIZATION ADDRESS:	
TELEPHONE:	TIMES AVAILABLE:

Describe the training which prepared you to supervise this activity. _____ _____ _____
Describe your experience supervising students in this activity. _____ _____ _____
What is your current position which qualifies you to supervise this student? _____ _____ _____

Instructors Approval

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 for personally writing quarterly evaluations, as well as keeping track of the student's Independent Study Physical Education hours in which I personally supervise the student's activity.

Signature of Coach/Instructor:

Date:

Please attach:

- Proof of certification by state or national coaching organization
- Resume or history of training/experience
- Proof of up-to-date first aid/CPR certification

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INDEPENDENT STUDY PE LEARNING PLAN

Amount of time/participation planned for this activity each week. _____ _____
Where will the instruction take place? _____ _____
Specific objectives for this semester. _____ _____ _____
In what state, regional, or national competition has this student previously participated? _____ _____
What is the student's current competitive level? _____ _____
What state, regional, national competition will the student participate in this semester? _____ _____

Student's Responsibility

I understand it is my responsibility to attend the activity as outlined for a minimum of 10 hours per week and meet the standards expected by the instructor. I understand that I must submit the Attendance and Performance Record and time sheet logs at the end of every quarter. I understand that I must maintain a minimum 2.0 GPA every quarter to be considered eligible for Independent Study PE.

I UNDERSTAND THAT I WILL LOSE ALL HOURS EARNED AND RECEIVE A FAIL/UNSATISFACTORY IF I LEAVE THE PROGRAM FOR ANY REASON WITHOUT IMMEDIATELY NOTIFYING THE INDEPENDENT STUDY COORDINATOR.

Signature of Student:

Date:

Parent's Awareness

I acknowledge that CCUSD does not investigate the site of the activities of any program to assess potential for injury. I accept full responsibility for any injury, which might occur in this activity. I am aware that, if my son/daughter fails to meet the attendance requirements set by the CCUSD, the standards set by the instructor, and the 10 hours per week minimum, he/she will not meet the quarter requirement for P.E. nor receive credit.

Signature of Parent/Guardian

Date:

DUE BY: _____
 DATE SUBMITTED: _____
 RECEIVED BY: _____

CULVER CITY UNIFIED SCHOOL DISTRICT
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PERFORMANCE RECORD

(To be completed by the outside coach/instructor)

Quarter: 1st 2nd 3rd 4th

Valid for Dates: _____ to _____

STUDENT NAME:		GRADE:	AGE:
SPORT:		SPORT DESCRIPTION:	

OBJECTIVES: (FROM LEARNING PLAN)

COACH/INSTRUCTOR'S COMMENTS:

GRADE: PASS FAIL

EVALUATION MEASURES:

Signature of Student:

Date:

Signature of Parent/Guardian

Date:

Signature of Coach/Instructor:

Date:

Signature of Teacher:

Date:

