

STUDENT NAME _____

ID # _____

GRADE _____

COUNSELOR _____



MIDDLE SCHOOL
INDPENDENT STUDY
IN PHYSICAL
EDUCATION

School Site:

2018-19 ~~2017-2018~~

APPLICATION PACKET

REVISED February 2017

☐ **John Adams MS**

☐ **Lincoln MS**

☒ **Malibu MS**

☐ **SMASH** ☐ ~~Malibu HS~~ ☐ ~~Santa Monica HS~~

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

☐ **New** ☐ **Renewal**

Application reviewed by SMMUSD ISPE Committee on _____, 20_____.

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

~~(*If denied you may contact the site administrator to request a meeting to review the reasons for denying the application.)~~

~~Administrator Signature~~ ~~Committee Approval~~ ~~Member~~

Date

~~Committee Member~~

Date

~~Committee Member~~

Date

~~Committee Member~~

Date

~~Committee Chair~~

Date

Applications must be submitted to the site administrator in charge no later than April 30th, 2018add date April 21, 2017.

OVERVIEW

~~Our belief is~~We believe that all students benefit from participation in daily physical education that is provided through a comprehensive standards aligned program that integrates physical fitness into the broad range of activities that students enjoy. Quality physical education programs help all students develop health-related fitness, physical competence, cognitive understanding, and positive attitudes about physical activity, so that they can adopt healthy and 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; learn to assume leadership; cooperate with others; accept responsibility for their own behavior; and, ultimately, improve their academic performance. ~~Central to this learning, is the development of strong caring relationships grounded in respect, trust, and understanding of differences. Through such experiences, each student is empowered with the knowledge and skills necessary to make responsible lifestyle choices that directly impact his/her health and well-being.~~

Independent Study in Physical Education (ISPE) is an educational option designed by the California Department of Education (CDE) and approved by the Santa Monica-Malibu Unified School District (SMMUSD). ~~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 must be a significantly different program that involves an activity in which the applicant has become **highly competitive** at a state or state, regional, or local level national level. ISPE is available to any new or continuing student entering grades **6-12**. ISPE application/agreements are available at all middle secondary school sites. The school site administrator is responsible for informing new and returning student of the availability of ISPE as part of the orientation process. Site administrators ~~authorize~~, supervise and monitor all ISPE activities and contracts. ~~ISPE is intended for elite athletes that compete at the state or national level competitive programs that all children will participate in a Physical Education program.~~ A major factor in determining acceptance or rejection of this request will be the difference between a **recreational** and a **competitive** program.

If any student is seeking less than a 6th period day, the student and guardian must meet with the Principal or Principal's administrative designee.

All of the following conditions and guidelines must be met by April 30, 2018 ~~Friday, April 21, 2017~~:

- Application form and all included paperwork shall be completed and submitted to the site administrator in charge of ISPE by the above date.
- Evidence of State or National Ranking
- Verifying Signatures from the applicant, the applicant's parent/guardian, and the applicant's instructor/coach.

~~Instructor's Qualifications for supervision of activity.~~

~~Proof of Instructor's Certification by state or national coaching organization or degree which shows competency in area of designated instruction.~~

~~Resume/current First Aid/~~

- Learning Plan completed by the instructor/coach and must be aligned to California Physical Education Standards.

If the **Principal SMMUSD ISPE Committee** denies the application an appeal may be made by submitting a letter to the SMMUSD Director of **Secondary** Curriculum and Instruction. Written appeals should be placed within seven days of the committee's decision and include supporting documentation. 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.

ISPE DOCUMENTATION, SUPERVISION, AND COURSE CREDIT/GRADING POLICY

A. Criteria for ISPE Programs

Student is ranked by a current national registry ~~an athletic association~~ in an individual sport or performs at an advanced level in a physically active performing art.

Current National Registries ~~(pending)~~

- **Diving**: The student must participate in the USA Diving West Spring Junior National Championships and qualify top 15 ~~for the~~ Summer Zone Championships. www.divemeets.com
- **Equestrian**: Must qualify for United States Equestrian Federation (USEF) rated shows and meet all membership and point requirements for each discipline entered. Must also have competed in a USEF rated show prior to the application submission. www.usef.org
- **Fencing**: The student must be in the top 20 in the Y-12 and Y-14 divisions and the top 32 in the Y-17 (Cadet) and Y-20 (Junior) divisions as determined by www.usfencing.org/ at either the regional or national levels.
- **Golf**: The student must participate in the PGA of Southern California Junior tour and be ranked in the top 15% of singles players in Southern California in his/her age group. www.swgajrtour.com
- **Gymnastics**: The student competes at USA Gymnastics Level 8-10 or Elite for gymnastics, tumbling and trampoline at Western Regional or National meet competitions. www.meetscoresonline.com
- **Ice Skating**: The student must pass the intermediate level U.S. Figure Skating Tests (moves and freestyle). www.ocfsc.iwarp.com
- **Surfing**: Student competes in the WSA Prime and/or the NSSA Open and is ranked in the top 25% of their age group. www.nssa.org
- **Swimming**: The student must post three Junior Olympic qualifying times and compete at the official Junior Olympic Summer meet as an individual, not a relay member, and make it to the semi-finals. www.usaswimming.org
- **Tennis**: The student must be ranked in the top 100 or better as determined by the Universal Tennis Ranking
- **Badminton**: Results posted by USA Badminton for USAB junior rankings at <http://www.teamusa.org/usa-badminton>
- **US Archery**: Results from nationally recognized events as reported at <http://www.teamusa.org/USA-Archery>
- **Classical Ballet/Dance**: Elite status will be determined by acceptance to a nationally recognized elite summer intensive program and continued enrollment in a program utilizing nationally recognized curriculum. Evidence will include an acceptance letter from the program.
- **Track and Field**: <http://www.usatf.org/> ~~-(pending approval)~~
- **Wrestling**: <http://www.ca-usaw.org> ~~(pending approval)~~
- **Martial Arts**: ~~-(pending)~~

~~Student is a member of a team for sport not offered at school; the team practices and competes on schedule comparable to a high school sport in season.~~ ISPE programs comprised of sports offered at school may not be approved.

1. If a middle school student is a member of a team in a sport not offered at the school and:

- if that membership has been earned through a competitive tryout;
- if the team's multiple schedule is comprised of multiple (minimum three per season) interstate competitions during the school year and at least one of those is out of state;
- or, if the team has earned the right competitively to participate in national level tournaments for the past two consecutive years.

Team or team sports currently approved for this category are:

- Soccer (US Academy level)
- Hockey (AA/AAA Dance ~~(Nationally Recognized Dance Company)~~)
- Lacrosse
- Southern California Hockey Association)
- Lacrosse (National Tournaments)
- Rowing
- Basketball USA Team ~~(no travel basketball)~~
- Baseball USA Team

Travel teams/club do not qualify.

Water Pole

2. Student must be in grades 6 -~~8-12~~.
3. Approved ISPE programs must engage participants for a **minimum of 200 minutes for each 5 school days (weekend or school holiday events not included)**, in physical activity, support personal growth, and promote healthy living and physical activity as lifelong goals and adhere to the state's content standards in physical education.
4. Approved ISPE programs must be structured programs taught by qualified individuals responsible for supervising, documenting and verifying student participation, progress and performance. Parents will not be approved as a supervising coach for his or her child.
- ~~5. Working out at a gym (yoga, weights, etc.) or with a personal trainer does NOT qualify for ISPE.~~
- ~~6-5.~~ ISPE students MUST pass 5 of 6 tests in the previous California Physical Fitness Test (PFT) and students in 7th - and 9th grades MUST participate in the California Physical Fitness Test (PFT).
- ~~7. ISPE students in 7th and 9th grades must participate in the California Physical Fitness Test (PFT).~~
- ~~8-6.~~ ISPE students **MUST** have passed ISPE or PE class the previous year with a C- or higher. Not passing the previous year's class is grounds for automatic disqualification. ISPE cannot be used to make-up a failing grade in physical education. If a student Fails ISPE during the first or second semester they will be dropped from the class and will not be eligible to enroll in future ISPE classes.
- ~~Student have an educational need for ISPE.~~

B. ISPE Application/Agreement Process, Review Procedure and Timeline

1. An ISPE Application/Agreement Form is completed and submitted to site administrator no later than the date identified on the cover page of the ISPE application prior to the start of the next school year.
2. ~~Site administrator or The~~ designated committee reviews each application, determines if proposed ISPE program meets necessary requirements, notifies applicant of his or her 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.
3. Students must apply every year for ISPE. There is no **mid-semester or mid-year** entry into ISPE.
4. School functions (field trips, detentions, guided studies, etc.) take priority over outside activities and student must attend even if interfering with their sport.

C. Requirements for Participation in Independent Study in Physical Education

Applicant, under the authorization and supervision of his or her parent or guardian, agrees to:

1. Complete and submit the attached ISPE Application/Agreement Form by the deadline.
2. Receive approval from the ~~site administrator designated committee~~ prior to starting any ISPE-designated activity.
3. Complete and document a **minimum** of 200 minutes of physical education learning activity for each 5 school days for the duration of each term. **These minutes cannot be a part of any school activity: curriculum, athletics, or clubs.**
4. **Complete and submit the ISPE Student Activity Log (see attached) on the day prior to the end of each grading period. All necessary signatures verifying activity must be completed by the due date. Incomplete or late forms will not be accepted.**
5. Student must maintain a 2.0 GPA and have no "F" grades.
6. Attach verification of competitions or performances to the Activity Log.

D. Grading and Credit Policy

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 Logs. All paperwork must be submitted on time.
4. Students turning in the Activity Log Form **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.
5. The site administrator or designee will review the ISPE agreement for a student who fails to satisfactorily fulfill one or more parts of the ISPE agreement.

SMMUSD Off-Campus Independent Study Physical Education Application Packet

Name: _____ ID: _____ Grade: _____

APPLICATION

(To be completed by the applicant and/or the applicant's parent/guardian)

Please print or type all information clearly.

Student Last Name _____

Student First Name _____

Student I.D. # _____

School _____

Next Year's Grade _____

Parent/Guardian Name _____

Home Phone _____

Work Phone _____

Home Address _____

Home City _____

Zip _____

Parent Email _____

PE Grade in Previous Semester _____

School Year for Application: 20 - 20
School Year

☐ I am requesting less than a 6th period ☐ day: ☐ am ☐ pm

Briefly explain why this proposed ISPE course of study is requested and should be considered as a substitute for regular attendances and participation in the required school physical education program. ~~What is the educational need for ISPE? If appropriate, list electives that will take the place of PE in your schedule (example, immersion, AVID classes)~~

Please 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 200 minutes each school week)

Name: _____ ID: _____ Grade: _____

VERIFYING SIGNATURES

~~Fitness~~ Organization/Trained specialist under whom activity is performed:

Instructor Last Name

Instructor First Name

Organization

Title

Address

City

Zip

Email Address

Home Phone

Work Phone

~~S-tude-nt's -Re-s-ponsi-bili-t-y - (To -be -completed by the student)~~

I understand that it is my responsibility to attend the activity as outlined for a minimum of **200 minutes per 5 days** and meet the standards expected by the instructor. **I understand that I must submit the Attendance and Performance Record and time sheet logs during the last week of every grading period.**

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: _____

~~P-a-re-nt's -Aw-a-re-ne-s-s (To -be -c-omple-ted b-y t-he -pa-re-nt)~~

I understand that the SMMUSD does not investigate the site of the activities ~~of any program~~ 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 ~~this activity~~ the ISPE program. I am aware that, if my son/daughter fails to meet the attendance requirements set forth by SMMUSD, the standards set by the instructor, and the 200 minutes per 5 school days minimum, he/she will not meet the semester requirement for P.E. nor receive credit.

Signature of parent: _____

Date: _____

~~Ins-tructor's- Appro-va-l - (To -be -c-omple-ted b-y the -outs-ide -ac-tivit-y i-ns-tructor-)~~

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 keep track of the student's ISPE hours in which I personally supervise the activity at a minimum of 200 minutes per 5 school days.

Signature of instructor: _____

Date: _____

Name: _____ ID: _____ Grade: _____

ISPE INDEMNIFICATION
ISPE INDEMNIFICATION

The ISPE applicant and his/her parent or guardian shall indemnify, defend and hold harmless, to the maximum extent permitted by law, the Santa Monica-Malibu Unified School District and its officers, Board Members, agents, and employees, ~~and representatives (“related parties”)~~, 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 ~~listed under 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 ~~regulations~~ conditions described in this application/agreement.

Parent/Guardian Signature (If student is under the age of 18)

Date

Student Signature

Date

Name: _____ ID: _____ Grade: _____

PRIMARY ISPE INSTRUCTOR/COACH INFORMATION

(To be completed by the outside activity instructor)

Please print or type all information clearly.

Instructor Last Name

Instructor First Name

Organization

Title

Address

City

Zip

Email Address

Home Phone

Work Phone

Answer all the following questions as specifically as possible where applicable.

Describe the training that prepared you to supervise this activity. ~~.- (Attach resume current First Aid/ and related certifications)~~

In what position are you currently employed which qualifies you to supervise this student?

What is the primary location where the proposed ISPE learning activities will take place ~~?:?~~

Facility Name

Phone

Address

City

Zip

~~Attach a copy of the following documents~~

~~Proof of certification by state/national coaching/other certification in the area you will be instructing the student~~

~~Resume describing the instructor/coach's qualifications.~~

Name: _____ ID: _____ Grade: _____

ISPE LEARNING PLAN

(To be completed by the outside activity instructor)

PLEASE NOTE: the trained specialist/instructors/coaches who submit proof of first aid/CPR certification must be in attendance during student rehearsals and or activities.

Please print or type all information clearly. **Use additional sheets if needed.**

Amount of time/participation planned for this activity each week. If available attach a calendar of competitions or performances.

Identify ~~What are~~ the specific state standards and learning objectives for this semester? Refer to California State standards. ~~and how do they address the~~ **California State Physical Education Standards?** Include a Detailed description of activity.

What is the student's current state and/or national competitive level/ranking? (Provide relevant documentation)

In what state, ~~regional~~, or national competition has this student previously participated in, and will they participate in this semester?

Name: _____ ID: _____ Grade: _____

SIGNATURE SHEET

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 SMMUSD Off-Campus ISPE Application Packet."

Student Printed Name Student Signature Date

Parent Printed Name Parent Signature Date

"The following signature certifies that I have been provided a copy of my student's approved/denied SMMUSD Off-Campus ISPE Application Packet."

Counselor Printed Name Counselor Signature Date

"The following signature certifies that I have provided a copy of the above referenced student's approved/denied SMMUSD Off-Campus ISPE Application Packet to the student and the student's advisor."

Administrator Printed Name Administrator Signature Date

Incomplete applications will not be considered for approval. Make sure you have included the following prior to submitting the application:

- Application form and all included paperwork shall be completed and submitted to the site administrator in charge of ISPE.
- Verifying Signatures from the applicant, the applicant's parent/guardian, and the applicant's instructor/coach.
- ~~Evidence of State or National Ranking~~

~~Instructor's Qualifications for supervision of activity.~~

~~Proof of Instructor's Certification by state or national coaching organization or degree which shows competency in area of designated instruction.~~

~~Resume/current First Aid/~~

- Learning Plan completed by the instructor/coach and must be aligned to California Physical Education Standards.

Name: _____ ID: _____ Grade: _____

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Eligibility Requirements:

Yes No Student is in 6th thru 8+2th grade.

Yes No Student is ranked ~~by an athletic association~~ state or nationally in an individual sport or performs at an advanced level in a physically active performing art.

Yes No Student has a grade point average of C- or higher, including PE. ISPE is not being used to make-up a failing grade in physical education.

_____ Grade in Previous Semester Physical Education.

~~Yes No 2.0 GPA~~

Yes No Student passed minimum 5 of 6 physical fitness standards in previous state (grades 7) Physical Fitness Assessment. (Record P of F for PFT results)

_____ Aerobic Capacity

_____ Abdominal Strength

_____ Upper body Strength

_____ Body Composition

_____ Trunk Extensor Strength and Flexibility

_____ Flexibility

Yes No Student is a member of team on approved list for a sport not offered at school; the team practices and competes on schedule comparable to a high school sport in season. ISPE programs comprised of a sport offered at school may not be approved.

Notes: _____

~~Yes No Student has a necessary educational need for ISPE. Requesting a second elective meets this criterion (TA elective does not fulfill this need).~~

~~Notes: _____~~

Yes No ISPE Program is a full year program, Semester 1 and Semester 2

ISPE Program:

Yes No Proposed ISPE program engages student for a minimum of 200 minutes for each 5 school days.

Yes No Proposed ISPE program engages student in physical activity, supports personal growth, and promotes healthy living and physical fitness as lifelong goals.

Yes No Proposed ISPE program is a structured program taught by ~~an~~ qualified individual responsible for supervising, documenting, and verifying student participation, progress, and performance. Parents will NOT be approved as a supervising instructor/coach for his or her child.

Approval:

Yes No Student is approved for ISPE.

Notes: _____

~~Administrator/Designee's~~ Committee Chair Signature: _____ Date: _____