

Palos Verdes Peninsula Unified School District
Independent Study Physical Education (ISPE) Checklist

The following documents must be completed and submitted for ISPE consideration. After the documents have been reviewed, the student and parent/guardian will be notified regarding the approval or denial of the ISPE application.

From the student, parent/guardian:


- Written request/cover sheet to site administrator requesting consideration for Independent Study Physical Education (ISPE)
- A copy of the previous semester's report card or a copy of the student's transcript
- Completed Independent Study Physical Education application
- Evidence and documentation of individual proficiency and elite status (May include certificates for competitions and/or published state/national rankings)
- Waiver, Release, and Indemnity Agreement - Assumption of Risk Form

From the off campus coach/instructor or agency

- Hold Harmless and Insurance Agreement
- Evidence of Certificate of Insurance, also include:
 - Additional Insured – Designated Person or Organization
- First Aid Certification
- CPR Certification
- Proof of age (over 21 years)
- Coach qualifications/credentials
- Signature and completed information on application

Please return the completed application packet to the Principal of your child's intermediate or high school by **August 15**.

(Should August 15 fall on a weekend or holiday, the packet will be due the following Monday.)

	<p>Palos Verdes Peninsula Unified School District Application for <u>High School</u> Independent Study Physical Education</p>
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Instructions: This form is to be completed and returned to the student's counselor prior to the quarter for which the Independent Study PE (ISPE) is being requested.

ISPE is an optional alternative instructional strategy, not an alternative curriculum. Students work independently according to a written agreement and under the general supervision of a credentialed teacher. While ISPE students follow the District-adopted curriculum and meet the District graduation requirements, ISPE offers flexibility to meet individual needs, interests and styles of learning.

The out-of-school activity being proposed *must*:

- (1) be instruction under the direct supervision of a credentialed or otherwise qualified instructor, who is at least 21 years of age;
- (2) consist of instruction that includes a minimum of ten hours a week in the students competitive sport;
- (3) incorporate research and learning in the District health standards, for 9th grade students;
- (4) incorporate the eight PE content areas mandated by the state and District, and
- (5) include a student journal and time log documenting progress in the requirements for each content area.

Student's Name (print): _____ Grade: _____ Date: _____

First Quarter Second Quarter Third Quarter Fourth Quarter

- I. **General information (to be completed by student and parent/guardian):**
- Description of proposed activity(ies): _____
 - Location where activity(ies) is to take place: _____
 - Scheduled time(s) of activity(ies): _____
 - Total number of minutes per week of out-of-school activity(ies): _____
 - How long have you participated in this activity(ies)? _____
 - What are the specific goals/objectives you expect to achieve? _____
 - List competitions planned for the school year: _____

- II. **Name and statement of out-of-school validator (to be completed by validator):**
- Full name of out-of-school validator: _____
 - Attach a copy of Qualification/Credentials: _____
 - Mailing address: _____ Telephone #: _____
 - Email address: _____
 - Attach a copy of CPR/First Aid Trained: _____
 - Are there any special conditions the student must meet to participate in this activity(ies)?
 Yes NO; If so, specify the conditions: _____

I hereby certify that the above-named student has discussed the proposed activity(ies) with me and that the time commitment and information outlined in the preceding portion of this application are correct. I further certify that I will immediately advise the school if any of the above specification change or are not satisfied. I will also provide verification of completion to the school upon request during the period of this independent study and at the conclusion of the instruction.

Name of validator (please print): _____

Signature of validator: _____ Date: _____

III. **STATEMENT OF UNDERSTANDING FOR STUDENT AND PARENT/GUARDIAN:**
 I certify that the specifications of the out-of-school instruction as outlined above are correct and that the school will be immediately notified of any changes in this proposal. I understand that:

- the student must submit a journal of progress toward fulfilling the requirements for each of the eight content areas with the time logs prior to the last day of each quarter as detailed by the supervising teacher. (Freshmen must also complete assigned Health lesson.)
- the student must maintain a minimum grade point average of 2.5 on a 4.0 scale for each grading period.
- the student must attend the mandatory meetings held on the first and last week of each quarter along with the periodic individual progress meetings. Missing assignments or appointments with the supervising teacher without valid reasons may cause an evaluation to determine whether the student should remain in ISPE.

Failure of satisfying any points in section III will result in removal from ISPE and a grade of "No Credit". I also agree to hold the District harmless from responsibility/liability for any accident or injury, which may result from participation in the independent study described above or the travel to and from the independent study, or for any fees, supplies or equipment related to the proposed independent study.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Office Use Only	<p>IV. Recommendation of counselor (to be completed by student's counselor) <input type="checkbox"/> I believe the instruction specified above satisfies the criteria for granting out-of school instruction ISPE</p> <p>Signature of Counselor: _____ Date: _____</p> <p>V. Approval of principal (to be completed by principal or designee) <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Signature of Principal or Designee: _____ Date: _____</p> <p>VI. Monitoring PE teacher (to be completed by PVPUSD PE teacher):</p> <p>Signature of Teacher: _____ Date: _____</p>
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PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

HOLD HARMLESS, INDEMNITY & INSURANCE AGREEMENT

_____ (Agency) agrees to defend, indemnify, and hold harmless the Palos Verdes Peninsula Unified School District (District), its officers, agents, employees, or volunteers from any and all loss, costs, and expense, including legal fees, or other obligations or claims, arising out of any liability or claim of liability for personal injury, bodily injury to persons, contractual liability or damage to property or any other loss, sustained or claimed to have been sustained arising of activities of the Agency or those of any of its officers, agents, employees, or volunteers whether such act it authorized by this Agreement or not. Agency further agrees to waive all rights of subrogation against the District. The provisions of the Article do not apply to any damage or losses caused solely by the negligence of the District or any of its officers, agents, employees, and volunteers.

The Agency also agrees to furnish the District with certificates of insurance evidencing the Agency's general liability coverage with limits not less than \$1,000,000.00 combined single limit per occurrence. The District, its officers, agents, employees and volunteers will also be required to be named as an additional insured by separate endorsement to Agency's general liability coverage. Evidence of workers' Compensation coverage evidencing Statutory Limits and Employer's Liability limits of \$1,000,000.00 per accident should also be provided.

The undersigned acknowledges that they have read the Hold Harmless, Indemnity & Insurance Agreement and are fully aware of the legal consequences of signing this instrument. The undersigned acknowledges that they are in fact an authorized agent for the Agency, and maintain the capacity to sign such an agreement on its behalf.

Signature (Authorized Agent of Agency)

Print Name and Title

Date

POLICY NUMBER: PHPK1115137

Sample

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Palos Verdes Peninsula Unified School District
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.