

Application for Physical Education Independent study

Explanation of Independent Physical Education

INDEPENDENT PHYSICAL EDUCATION - First, Second and Third Trimesters. Prerequisite: Review and acceptance of formal application. Open to Grades 9 through 12.

A student in an advanced or competitive level in an activity not offered at Stuart may pursue this activity independently. If the following conditions are met, the student may enter into a pass-fail contract for the activity and receive physical education credit. **The conditions of this program must be met in full for a student to receive approval to participate and to receive credit:**

1. Student must submit a request in writing to participate in independent physical education. This request should state what activity the student is interested in and why she is interested, as well as where and with whom she expects to participate. The forms for this request are available from the P.E. office.
2. The course must be a physical activity.
3. The course must be supervised by a coach/instructor at all times
4. The instructor of the course must agree to the terms of the contract in writing.
5. The course must meet three or more times a week (minimum 8-10 hours a week)
6. The course must begin at the start of a trimester and conclude at the end of the trimester or continue through the second and even the third trimester.
7. Only one activity will be considered in a trimester – no combinations.
8. A student will enter into a contract for an independent physical education activity and the contract will be signed by the outside coach, head of the Physical Education Department and the parent.

Procedure for students participating in the Independent Study program:

1. Meet with his/her PE Chair to verify eligibility and obtain application packet.
2. Complete all information on the application form.
3. Sign the form and make sure all signatures of approval are in place.
4. Return the completed form to Justin Leith, PE Chair
5. All forms are to be signed by the instructor and returned on a weekly basis.

Student Name: _____ Grade: _____

Student ID # : _____

Sport (s): _____

Subject the Independent study: Trimester Physical Education I _____ II _____ I _____

Duration of Program: _____

Required signatures:

Student Name Student Signature

Parent Name Parent Signature

Instructor/Coach Name Instructor/Coach Signature

Academic Advisor Name Academic Advisor Signature

Physical Education Dept. Chairperson Name Physical Education Dept. Chairperson Signature

To be reviewed, approved, and signed by the PE Chair and placed in the student's cumulative record.

Approved

Disapproved

PE Dept. Chair Signature

Date

STUART COUNTRY DAY SCHOOL

Independent Physical Education

Weekly Monitoring Log

Student Name: _____

Name of Activity: _____ Site Location: _____

Mon.	Tue.	Wed.	Thu.	Fri.

Daily Logged time (in minutes/hours)

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Student Signature: _____ I

Parent Signature: _____ I

Site Instructor/Coaches Signature: _____ I

Total Minutes/Hours: _____ Total Days: _____

COMMENTS : _____
 Paperwork due last day of each trimester.

To be completed by the Physical Education Teacher:
 Signature: _____ Date Received: _____