SMUSD

Independent Study Physical Education (ISPE)

Application Packet
Dear Parents/Guardians:

Thank you for your interest in the Independent Study Physical Education (ISPE) program.

We support and appreciate after school activities, and we encourage students to participate in them. For the most part, however, these outside sports do not take the place of the regular physical education class which follows the K-12 California State Standards in Physical Education and offers an introduction to diverse sporting activities in the context of a cooperative environment. Students are encouraged to participate in the on-campus physical education program at both middle and high school.

While our primary recommendation is that all students participate in the district physical education program, we do offer an independent study physical education program at the secondary level (middle and high school) for high ranking athletes who compete as an individual at the regional, state, national level in specified sports.¹

An independent study course requires personal accountability and maturity. Students in ISPE will be responsible for fulfilling the requirements of ISPE Contract, which include completion of all workouts logs, and submission of all reports. Details of the requirements are contained in this packet. Individuals are selected based upon their ability to handle the individual responsibility. Please understand that due to the independent nature of this program, a large part of the grade (pass/fail) that your son/daughter receives will be based upon his/her accomplishment of the agreed upon objectives, and his/her communicating this information to the ISPE Coordinator in a timely fashion.

¹ See “Sports Qualifications”
San Marcos Unified School District

ISPE SPORTS QUALIFICATIONS

The following are minimum ranking/performance requirements for students to be considered for ISPE. The student must be training and competing at an advanced pre-Olympic, pre-professional, or professional level of competition, and the off-campus instructor must meet specific District requirements for approval.

* Participation on national, regional, district or community athletic team sports will not be granted ISPE approval.

**Classical Ballet:** The student must audition for, and be accepted to, a nationally recognized elite summer intensive program. Evidence will include an acceptance letter from the program.

**Diving:** The student must participate in Summer Zone Championships. This includes qualifying top 15 springboard or achieving a competitive platform list. [www.divemeets.com](http://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](http://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](http://www.usfencing.org)

**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.scpgajrtour.com](http://www.scpgajrtour.com)

**Gymnastics:** The student competes at USA Gymnastics Level 8-10 or Elite for gymnastics, OR Level 10 or Elite for tumbling and trampoline, at Western Regional or National meet competitions. [www.meetscoresonline.com](http://www.meetscoresonline.com)

**Ice Skating:** The student must pass the intermediate level U.S. Figure Skating Tests (moves and freestyle). [www.ocfsc.iwarp.com](http://www.ocfsc.iwarp.com)

**Solo Dance Competition:** The student must place in the top 10 at regional or national solo competitions in the advanced or elite competitive category only. The student must post a result from [www.showstopperonline.com](http://www.showstopperonline.com) or [www.moveproductionsonline.com](http://www.moveproductionsonline.com) or a comparable regional/national competition. Participation in dance classes, dance productions, dance/cheer teams, or as a competition group member does not qualify for ISPE.

**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](http://www.nssa.org)

**Swimming:** The student must post 3 SD-Imperial Junior Olympic meet qualifying times (OR) 3 USA Swimming National Age Group Motivational “A” time standards in the last year (OR) qualify for the IM Xtreme games with minimum IMX score. [www.usaswimming.org](http://www.usaswimming.org), [si-swimming.com](http://si-swimming.com)

**Tennis:** The student must be ranked a 3-Star or better as determined by [www.tennisrecruiting.net](http://www.tennisrecruiting.net)

**In order for any other (Olympic) sport/activity to be considered by the SMUSD ISPE committee, the student/athlete must be participating at an advanced pre-Olympic and above or advanced pre-professional and above as evidenced by a national ranking according to a nationally recognized and verifiable ranking organization.**
San Marcos Unified School District

Independent Study Physical Education (ISPE)

Checklist

The following items must be on file before your ISPE application is complete. The completed application is to be turned in to the San Marcos Unified District Office c/o the SMUSD ISPE Committee.

☐ Signed Course Requirements and Expectations form (Student/Parent)
☐ Signed ISPE contract (Student/Parent/Coach)
☐ Release to Participate form (Parent)
☐ Student Objectives form (Student/Parent/Coach)
☐ Statement of Responsibility form (Coach)
☐ Instructor’s Qualification form (Coach)
  o Completed form
  o Coaching certification
  o CPR/First Aid certification
☐ Instructor Agreement (Coach)
  o Signed agreement
  o Certificate of insurance
☐ Training/Competition/Performance Portfolio
  o Documents to show that the athlete is actively competing (at least 3 events within the last 6 months) in regional, national, or state competitive events. Results must be:
    ▪ Provided on the organizations letterhead OR
    ▪ Printed from the organization’s website
    ▪ Dancers include current Competition Team or Performance Company Contract (signed & dated) + list of previous competition pieces w/choreographer name & contact (minimum of 3 required annually)
  o Documents to show upcoming regional, state, or national competitions that the athlete is participating in within each semester.
  o Documents to show current practice/training schedule
    ▪ Weekly schedule must include days, times & duration, instructor’s name & contact information
San Marcos Unified School District

Independent Study Physical Education (ISPE)

Course Requirements and Expectations

Criteria

In order for a student to be eligible to participate in ISPE, the following criteria must be met. The Superintendent or designee will determine eligibility based on the following:

1. Student must be participating in an individual sport that requires rigorous physical activity and the student must be highly ranked in that sport (see Sport Qualifications). The coach could be required to schedule and meet face to face with the district ISPE committee to discuss his/her program prior to final approval.

2. The I.S.P.E. course must develop proficiency, knowledge, and skills that cannot be achieved within the in-school physical education program.

3. The direct instruction requirement must be equal to or exceed the hourly requirement of the state of California. The requirement is 400 minutes every 10 school days.

4. Student must have had a record of past performance which demonstrates that he/she is a responsible student.

5. Independent Study courses must be completed within a twenty-week period, usually by the end of the semester and must be equal to or exceed the hourly requirement of the district P.E. program (400 minutes every two weeks for a total of 60 hours per semester).

6. Parent/guardian will be required to sign a district liability waiver form for the activities covered under the contract.

7. All high school I.S.P.E. courses will be managed by Foothills Independent Study. High school students who are approved for ISPE will submit all coursework to the SMUSD Independent Study instructor at Foothills Independent Study campus.

8. Parent/guardian agrees to undertake all transportation of the student to and from I.S.P.E., including high school coursework submission at Foothills Independent Study campus. The district will not provide transportation.

9. Student must be under direct supervision of a coach who meets district qualifications as outlined in an Instructor’s Statement of Responsibility.

10. All ISPE instructor/coaches are required to sign a Statement of Responsibility and Hold Harmless Agreement. Instructors/Coaches must also carry Commercial General Liability insurance for the activity in which they are giving instruction.

11. ISPE courses may not be used to make up a regular physical education class that was failed.
12. Qualified students may use the ISPE course to fulfill the graduation requirement for two years of physical education. 11th and 12th grade students who have successfully completed two years of ISPE in high school may take up to 10 additional credits of ISPE for elective credit.

13. Second semester grade 7 and 9 ISPE students must contact a P.E. teacher from their school to find out when he/she can participate in the state mandated physical fitness testing. It is the student’s responsibility to find out when the testing will occur, to schedule the testing with the instructor, and to attend the regular P.E. classes during the testing period.

Requirements and Expectations

The District believes that accountability for meeting agreed objectives is of prime importance. The student will be held responsible for maintaining their programs and keeping up with the communication between their individual coaches and the ISPE Coordinator.

Due to the independent nature of the program, a large part of the grade (pass/fail) that the student receives will be based upon his/her accomplishment of the agreed objectives, contract, and requirements, and his/her communicating this information to the ISPE coordinator in a timely fashion. The following requirements must be met as a part of the independent study in order to receive credit.

1. Every four (4) weeks an ISPE log must be submitted indicating days and hours of participation. High school students must submit logs to the independent study instructor at Foothills Independent Study campus. The log must be signed by the instructor and parent/guardian.

2. On the Wednesday of the last week of the grading period, a one-page (typed, double-spaced, 12 font) paper is due from the student indicating his/her self-evaluation of progress toward stated goals. In addition, a one-half page statement, personally written and signed by the ISPE coach/instructor, is due which indicates that satisfactory progress is being made toward the goals.

3. On the Wednesday of the last week of the semester, a two-page (typed, double spaced, 12 font) paper is due which must include:
   a. The student’s evaluation of his/her success in attaining the stated goals and objectives, answers to the questions on the report form relative to the student’s sport activity, and a statement indicating future goals if the student intends to continue the same activity for an additional semester. Remember, this is a minimum of two pages.
   b. A one-page statement, personally written and signed by the ISPE coach/instructor, evaluating the student’s semester participation and progress.

Dropping an Independent Study P.E. Course

1. Courses must be dropped during the first three weeks of a semester.

2. A student may drop a class through the fourth week of a semester without a grading penalty if approved by the parent/guardian, counselor and the principal. If circumstances exist beyond the control of the student, the principal may approve the withdrawal without penalty.

3. A student dropped from class after the fourth week of the semester will either be reassigned to a regular physical education class or placed on a shortened day with an “F” grade.

4. A student who fails to complete two consecutive Independent Study Logs during any four-week
period, or misses appointments with the site Independent Study Coordinator may be removed from the I.S.P.E class and the contract cancelled.

Student Signature ___________________________________________ Date __________

Parent Signature ___________________________________________ Date __________
San Marcos Unified School District
ISPE Contract

Name ______________________ ____________________ ____
   Last   First   M.I.

Birthdate __________ Age____

Address ____________________________________________
   Street City Zip

Parent/Guardian Name____________________ Phone __________ Email______________

Coach/Instructor __________________________________________

Business Name (if applicable) _________________________________

Business Address __________________________________________
   Street City Zip

Location of Formal Instruction __________________________________
   Street City Zip

School Site Coordinator (Assistant Principal) Name________________________

Specific Activity Performed _______________________________________

Length of Contract: Semesters: Fall_____ Spring_____ Inclusive dates: _______to ________

Major Activities: (The student will utilize the following activities to accomplish the objectives listed on the following page.)

Formal Instruction: ___Practice ___Competition ___Other _______________________________

Method of Evaluation: ___Test ___Demonstration of Skills ___Logs ___Visitation

___Oral Presentation ___ Phone Verification ___Product Completion ___Other ___________

Signatures: (We have read the terms of this contract and hereby agree to all the conditions and course requirements as set forth.)

Student Signature: Date:

Parent/Guardian Signature: Date:

Instructor/Coach Signature: Date:

Note: Applications without all signatures will NOT be accepted.
San Marcos Unified School District
ISPE Parental Release to Participate

Student _____________________________________ ISPE Activity ________________________________

Location of Activity _________________________________________________________________________
Address _________________________________________________________________________________
City ____________________________________________________________________________________
Zip _____________________________________________________________________________________

Business Name (If applicable) ____________________________________________________________________

Participation in ISPE is voluntary and not required as part of the regular school program. We hereby give our
permission for our student to participate in the identified ISPE activity. We realize there is a possibility that a
student may suffer severe injury, including permanent paralysis or death, as a result of participation in ISPE
activities. We are aware that participating in any athletic/sport activity can be a dangerous activity involving many
risks of injury. We understand that the dangers and risks of playing or participating include, but are not limited to,
death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious
injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and
or aspects of the skeletal system and serious injury or impairment to other aspects of the student’s body and/or
well-being. We understand that the dangers of ISPE may result not only in serious injury, but in serious
impairment of future abilities to earn a living, to engage in other business, social and recreational activities, and
generally to enjoy life.

While the school district may establish certain requirements in implementing the ISPE program, neither the
District nor its schools are responsible for the quality or conditions of the instruction involved with this program
in that it involves physical activities which are off of District premises and are not organized or supervised by the
school district. I acknowledge and willingly assume all risks and hazards of potential injury and death, which
may arise out of participation in the ISPE program, including transportation to or from any such program.

In consideration of the permission granted to participate in the SMUSD ISPE program, we, the undersigned, in
addition to immunity from liability arising from California law, hereby RELEASE, DISCHARGE, AND HOLD
HARMLESS the San Marcos Unified School district from all liability arising out of or in connection with the
identified ISPE activity. This release and discharge from all liability includes any defect or alleged negligence
attributed to the San Marcos Unified School District, or any of its employees, officers, coaches, agents,
instructors, teachers and volunteers connected to the student’s participation in this program.

I understand the ISPE is a Pass/Fail course and completion will not receive a letter grade. I am also aware that if
my son or daughter fails to meet ISPE requirements and expectations set by the San Marcos Unified School
District, he/she will not pass the course, will not meet Physical Education requirements, and (in high school) will
not receive credits.

Signature of Parent _____________________________________ Date ________________________________
San Marcos Unified School District  
ISPE Student Objectives

Statement of performance objectives (What do you plan to achieve during the time of this contract?)

List and explain the major activities you have planned (i.e. lessons, tournaments, performances)

Legal minimum day: Each student must meet the legal requirements of a minimum day school attendance (240 per day, or an average of 240 minutes per day over a ten school day period, or 4 class periods.) The minimum requirement for 12th graders is six classes. The minimum may be met on-campus, off-campus, or by a combination of both.

Note: For one ISPE course, this means that the student must work at an activity for a minimum of 400 minutes every two weeks. Formal instruction must be included each week for the duration of the contract.

Please indicate how you plan to fulfill this time obligation.

<table>
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<tr>
<th>Activity</th>
<th>How Often</th>
<th>On/Off Campus</th>
<th>Time in Minutes/ Two Week Period</th>
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Total time in minutes every two weeks ______________

Certification (To be signed off upon completion of this contract and all course requirements.)

Contract completed on _________________________ Credits earned _________ Grade (Pass/Fail) _________

Minimum day requirement met? _____Y _____N

Student Signature: ___________________________ Date: ____________

Parent/Guardian Signature: ____________________ Date: ____________

Instructor/Coach Signature: ____________________ Date: ____________
San Marcos Unified School District
ISPE Instructor’s Statement of Responsibility

The outside independent instructor/coach must submit this completed form and meet specific District criteria related to liability in order to be approved as an independent study agency for a student.

The supervision of ISPE activities must be performed by a coach who is at least 21 years of age, who has a certificate or a credential in that activity, or who has participated at least 4 years at a college/national or international level in that activity.

I understand the concept and requirements of the Independent Study Physical Education Program and accept the responsibility as ______________________________coach.

(Student’s Name)

I will PERSONALLY oversee this athlete’s workouts for a minimum of 400 minutes every two (2) weeks. In addition, I will sign his/her time logs, as well as PERSONALLY write his/her quarter and semester evaluations which will include a one page statement evaluating the athlete’s participation and progress towards stated goals and objectives.

If there are any questions regarding the ISPE Program, or the athlete, please contact the ISPE coordinator at the athlete’s school site.

ISPE School Coordinator’s Name ___________________________Phone # ___________________________

Student Name ____________________________

Instructor/Coach Name (PRINT) ___________________________

Instructor/Coach Signature ____________________________Date ________________

Business Address ____________________________Street City Zip

Instructor/Coach Phone Number ____________________________
San Marcos Unified School District
ISPE Instructor’s Qualifications
(To be completed by the ISPE instructor)

Trained specialist under whom activity is performed:

Name ___________________________________________ Title ______________________

Business Address __________________________________________________________________________

Street________________________________ City________ Zip________________________

Telephone ____________________________ Times Available __________________________

Organization with which activity is affiliated __________________________________________________

1. Describe the training which prepared you to supervise this activity.
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

2. Describe you experience supervising students in this activity.
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

3. In what current position are you employed which qualifies you to supervise this student?
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

4. Have you ever been convicted of anything other than a minor traffic violation?
   ____________________________
   If yes, please explain.
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

5. Please attach to this form a copy of:
   a. Proof of certification by state or national coaching organization
   b. Proof of up-to-date First Aid/CPR certification
San Marcos Unified School District  
ISPE Instructor Agreement  
(Indemnify and Hold Harmless Agreement)

________________________ hereby agrees to defend, indemnify and hold harmless San Marcos Unified School District, its employees, officials and agents from and against all of the following:

Any claim, liability loss damage, cost expenses, including reasonable attorney’s fees, awards or judgments arising by reason of the death or bodily injury to persons, including any of the same resulting from San Marcos Unified School District’s (including its agent, employee or officials), alleged or actual negligent act or omission, regardless of whether such an act or omission is active or passive. However, it is agreed that ________________________________ shall not be obligated to indemnify and hold harmless San Marcos Unified School District with respect to the (sole negligence) or willful misconduct of San Marcos Unified School District, its agents, employees or officials.

________________________ at his own expense, cost and risk, shall defend any and all actions, suits, or other proceedings that may be brought or instituted against San Marcos Unified School District, its officers, agents or employees, or any such claim, demand, or liability, and shall pay or satisfy any judgment that may be rendered against San Marcos Unified School District, its officers, agents or employees in any action, suit, or other proceedings as a result thereof.

________________________ further agrees, pursuant to the hold harmless agreement above to procure and maintain at his/her sole expense Commercial General Liability insurance with limits no less than $1,000,000 combined single limit per occurrence for personal injury and/or property damage. Instructor/Coach shall provide the District with a certificate of insurance evidencing all required coverage.

Instructor/Coach understands and agrees that he/she and all of his/her employees or agents shall not be considered officers, employees or agents of the San Marcos Unified School District as they relate to the Independent Study Physical Education program.

Instructor/Coach Name (PRINT) __________________________________________________________

Instructor/Coach Signature ___________________________ Date _________________
San Marcos Unified

ISPE Required Learning Logs/Reports
1. Self-evaluate your progress toward stated goals and objectives. (Attach minimum one page, typewritten, 12 font, double spaced.)

2. Provide a copy of your activity association membership card.

3. Attach coach’s evaluation which indicates that student is making satisfactory progress toward stated goals. (Minimum of one-half page written and signed by I.S.P.E coach/instructor.)

____________________________________________
Student signature
1) Self-evaluate your success in attaining stated goals and objectives. (Attach minimum two pages, typewritten, 12 font, double spaced.)

   a) The report must include two of the following areas with the knowledge you have obtained over the course of the semester.

      - Basic skills
      - Equipment selection and care
      - Etiquette
      - Safety
      - Terminology
      - Rules
      - Judging
      - Strategy

   b) Statement indicating future goals and whether you will continue in ISPE.

2) Attach coach’s evaluation of semester participation and progress. (Minimum of one page written and signed by I.S.P.E. coach/instructor.)

____________________________________________
Student signature
San Marcos Unified School District
ISPE Activity Log

Student Name ___________________________________________ Inclusive dates ______________________________

Activity ___________________________ Instructor/Coach_______________________________ Home Phone ____________

<table>
<thead>
<tr>
<th>Date</th>
<th>Day of week</th>
<th>Details of specific workout routine</th>
<th>Time In</th>
<th>Time out</th>
<th>Hours</th>
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________________ TOTAL HOURS

Parent’s Verification Signature _____________________________________________

Instructor’s Verification Signature __________________________________________

The log is a verification of participation in the independent study physical education program. Each log must have parent’s and instructor’s signature.

Failure to turn log in within five days of the due date will result in one or more of the following:

1. Reassignment to regular Physical Education class.
2. Receive a failing (F) grade.
3. Progress report sent home.

Two late logs will result in a failing (F) grade and dismissal from ISPE

LOGS ARE DUE ON THE FOLLOWING DAYS DURING THE ___________ SEMESTER:
(List Due Dates)

PLEASE NOTE: STUDENTS DISMISSED FROM ISPE CANNOT REAPPLY FOR ISPE WHILE A STUDENT IN THE SAN MARCOS UNIFIED SCHOOL DISTRICT.

Please retain for information.