**Lovejoy Independent School District**

**Off-Campus Physical Education**

*(Please complete form and return to the Counselors’ Office at LHS or WSMS.)*

**General Information and Guidelines**

PURPOSE OF OFF-CAMPUS PHYSICAL EDUCATION

Many Students in Texas School Districts participate in individual fitness activities that are not offered comprehensively by the district physical education program. The Off-Campus Physical Education Program allows students in grades **seven** through **twelve** to earn school credits for their commitment to these activities, if the activity is approved by the Texas Education Agency and the Lovejoy Independent School District.

DESCRIPTION OF THE PROGRAM

The program is a cooperative arrangement between Lovejoy Independent School District, the student, and an approved off-campus agency selected by the student. The student receives ½ units of physical education credit per semester for a total 2 unit’s credit during a four-year curriculum. **Notice: Once the student has earned the maximum PE credits (2) towards graduation, they will no longer receive credit for OCPE.**

State criteria list two levels of Off-Campus Physical Education participation:

• **Level I -** participation and/or competition includes a minimum of ***15 hours per week*** of highly intense, professional, supervised training. The training facility, instructors, and the activities involved in the program must be certified by Lovejoy ISD OCPE Campus Coordinator to be of exceptional quality. Students qualifying and participating at this **may be dismissed from school two periods per day (one period for OCPE & one period for travel to OCPE facility).**

• **Level II** – participants will attend private or commercially-sponsored physical activities to include those certified by Lovejoy ISD OCPE Campus Coordinator to be of high quality and well supervised by appropriately trained instructors. Student participation of at least ***5 hours per week*** must be required. Students certified to participate at this level **may not be dismissed from any part of the regular school day.**

ADMISSION REQUIREMENTS:

1. Student must be in need of PE Credit.
2. Activity will not be approved if it is currently being offered by our school district in a class.
3. OCPE applies to only a full semester. No partial semesters allowed.

ACTIVITIES CURRENTLY APPROVED:
Leopard Lacrosse, Leopard Hockey, Gymnastics, Equestrians, Rock Climbing, Ballet and LHS Bowling. (LHS Bowling receives only ½ credit which is applied to the spring semester.)

ACTIVITIES **NOT** APPROVED:
Fitness Centers, Home Fitness Training, and any sport offered by Lovejoy ISD.
**LISD / LHS Sports:** Baseball, Basketball, Cross Country, Football, Golf, Powerlifting, Soccer, Softball, Swimming & Diving, Team Tennis, Tennis, Track & Field, Volleyball, Wrestling

**LISD / WSMS Sports:** Basketball, Cross Country, Football, Soccer, Swimming & Diving, Tennis, Track & Field, Volleyball, Wrestling

ADMISSION STEPS IN THE PROGRAM

1. PARENT/STUDENT RESPONSIBILITIES:
2. Parents/Student request application forms for Off-Campus Physical Education credit from counseling office, Campus OCPE Coordinator or from athletics’ website.
3. Parents/ Student meet with **OCPE Campus Coordinator** and receive application forms and understanding of the program. Verify that vendor or agency providing off campus PE activities is on the approved list.
4. If agency is not on approved list, the agency must fill out approval form and be accepted as an approved agency in order for student to be able to use them during the semester.
5. Parent/Student turn in completed form with approved agency to high school or middle school counselor for meeting of approval or denial.
6. Parents/Student are responsible for completed application, completed by self and off-campus agency, then returned to the **OCPE Campus Coordinator**.
7. STUDENT RESPONSIBILITIES:
8. Must indicate a serious intent to obtain a high degree of proficiency in an approved activity.
9. Must complete an application and return to the High School or Middle School office by the established due dates.
10. May participate in on-campus and off-campus programs during the same semester as long as he/she only receives credit for one.
11. May not receive credit for more than one of the following in a given semester: athletics, physical education, or off-campus physical education.
12. May not transfer from a physical education class or athletics into Off-Campus Physical Education during the middle of a semester.
13. Must participate in the activity, at the approved agency, under professional supervision, minimum of 15 hours each week for Level I and at least 5 hours for Level II.
14. If the requirement of 15 hours per week cannot be fulfilled because of inclement weather, injury, etc., the hours must be rescheduled and/or additional assignments completed at the discretion of the Off-Campus Physical Education Staff.
15. Any student abusing the program by irregular attendance will be **withdrawn from the course.**
16. Students must be in compliance with the no pass/no play regulation.
17. Students must turn in attendance log on time**. Failure to do so 3 times per semester will** **result in removal from the program.**

OFF-CAMPUS AGENCY RESPONSIBILITIES

1. Must provide professional instructor(s) who will teach required lessons and provide necessary supervision.
2. Must complete and sign verification and commitment forms.
3. Verify and complete attendance forms and fax to **OCPE Campus Coordinator** at the end of each grading period.
4. Complete specified section of application and sign activity schedules for students participating in the Off-Campus Physical Education Program at the instructor’s agency.
5. Sign an Instructor Agreement stating that he/she is aware of the emphasis on program objectives and grading based on performance and attendance.
6. Students must be in compliance with the no pass/no play regulation.
7. Maintain an accurate record of student attendance on the form provided by the district. Return/Fax the form on the stated dates to the **OCPE Campus Coordinator**.
8. Evaluate each off-campus student’s performance and attendance. Submit a grade recommendation for each student, based on performance and attendance, at the end of the grading period.
9. Inform the **OCPE Campus Coordinator** if a student’s attendance becomes irregular.

**Lovejoy Independent School District**

**Off-Campus Physical Education**

**APPLICATION**

**TO BE COMPLETED BY THE STUDENT:**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents or Guardians: School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_

Parent Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian

**TO BE COMPLETED BY THE OFF-CAMPUS AGENCY:**

Name of Agency or Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Will the student’s program meet the time requirements as specified in the Lovejoy ISD Off-Campus Physical Education Guidelines? YES \_\_ NO \_\_
	2. Upon approval, will the agency agree to provide the Off-Campus Physical Education Staff an accurate absentee report and a recommended grade for the student each grading period? YES \_\_ NO \_\_
	3. Will the program be open for visitation by school officials? YES \_\_ NO \_\_
	4. Will the program provide adult & certified supervision at all times? YES \_\_ NO\_\_

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Signature of Instructor

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**TO BE COMPLETED BY SCHOOL OFFICIALS:**

**The student is taking this course for physical education credit and he/she will not be enrolled in another physical education class or athletics while participating in the Off-Campus Physical Education Program.**

Approved \_\_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of OCPE Campus Coordinator (WSMS / LHS)

**APPLICATION DUE DATE:**

Due Date for Fall Semester: May 1-Fall Application due; May 15-Committee approval or denial

Late arrival/New students: Aug. 1-Fall Application due. Aug. 15-Committee approval or denial

**TO BE COMPLETED BY THE STUDENT:**

1. I am applying for admission into Off-Campus Physical Education for the 20\_\_\_-20\_\_\_\_ school year.
2. If accepted into Off-Campus Physical Education, I would like the following arrangement used in scheduling the time for Off-Campus Physical Education. These options are subject to the approval of the **OCPE Campus Coordinator**.
(**Check only one.**)

\_\_\_Late Arrival (End of First Period) Level I Only

\_\_\_Early Dismissal (Beginning of Last Period) Level I Only

\_\_\_Level II (No Early/Late Dismissal)

**TENATIVE SCHEDULE:**

The student must participate in his/her activity, under professional supervision, at Level I or Level II. Indicate the beginning time, ending time and the nature of the activity.

|  |  |  |  |
| --- | --- | --- | --- |
| **DAY** | **BEGINNING****TIME** | **ENDING** **TIME** | **ACTIVITY** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |
| **Total Hours** |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s Signature Date

Off Campus Agency

**Lovejoy Independent School District
Off-Campus Physical Education**

**Credit Agreement**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be granted one semester physical education credit for each semester of participation in his/her chosen activity, (up to 4 semesters), providing the following student responsibilities are met:

1. Extended absences for injury or illness (not to exceed grading period) may be excused with a physician’s letter. Written assignments may be required as make-up for the time missed.
2. The student must participate for a minimum of 5 hours for Level II and 15 hours for Level I each calendar week. If the student is unable to meet time requirements due to inclement weather, the hours must be rescheduled and/or additional assignments completed at the discretion of the off-campus physical education staff. Any student abusing the program by irregular attendance will be withdrawn from the course and credit denied.
3. Specific activity requirements include:
The student must participate in his/her activity, under professional supervision.
4. The student or parent must return the Credit Agreement and Activity Schedule.
5. Grades submitted per UIL eligibility calendar.

We have read and understand what is expected for a student to receive credit in Off-Campus Physical Education. We also understand that if **all** of the responsibilities outlined above are not met, the student will receive a failing grade for that semester. A failing grade may not be made-up in the Off-Campus Physical Education Program.

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Parent / Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

**Lovejoy Independent School District**

**Off-Campus Physical Education**

**Instructor Agreement**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Instructor’s Name Agency

As a professional instructor, I am aware of the emphasis on program objectives, grading based on performance and attendance, establish by public education and the Lovejoy Independent School District. I understand the problems inherent in a program such as Off-Campus Physical Education and the importance of maintaining program integrity. Therefore, I will support the following conditions to my certification as an Off-Campus Physical Education Instructor.

1. The instructor agrees to keep an accurate record of student attendance on the form provided by the district and return this form at the conclusions of the grading period.
2. The instructor will deliver a grade recommendation based on student performance and attendance as requested to the **OCPE Campus Coordinator.**
3. The instructor will submit a written outline of program objectives and activities at the beginning of each grading period to the **OCPE Campus Coordinator.**
4. The instructor agrees to contact the **OCPE Campus Coordinator** if a student’s attendance becomes irregular.
5. The instructor will maintain supervision of athlete during the instruction period.
6. The instructor agrees to keep a current physical on file of the student participating in Off-Campus Physical Education and send a copy to the **OCPE Campus Coordinator.**
7. The instructor **MUST** be certified in **CPR** and **First Aid** and provide Lovejoy ISD with current certifications.

I understand that the Lovejoy Independent School District is accountable for the participation of each student in Off-Campus Physical Education. I will make every effort to cooperate with the district in their accounting procedure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s Signature Date

Off-Campus Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Fax Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s Email

**LISD Approved Off-Campus PE Agencies**

(Other Agencies may be added based on approved qualifications

**Agency Name: Activity: Agency Contact: Phone#:**

Academy of Dance Arts Dance Kathy Willsey 972-727-1455

Action Martial Arts Martial Arts Greg Adkins 214-383-3444

Allen Conservatory Dance Dance Stephanie Best 972-727-5959

Allen Dance Studio Dance Kandice Stehlik 972-332-8889

Chamberlain School of Dance Dance Geralyn Garner 917-622-5012

Cindy’s School of Dance Dance Cindy Brenna 972-727-1722

Eagle’s Wings Athletics Gymnastics Bret Stout 972-727-9911

Hornbuckle’s ATA Taekwondo Jack Hornbuckle 972-422-4848

Impact America Martial Arts Martial Arts Scott Wilkonson 972-758-5425

JC Stables Equestrian Caroline Wood 214-546-3443

Int. Conservatory Performing Arts Dance Mandi/Luke Kolling 972-422-4689

Kavallerie Farm Equestrian Gloria Bayer 469-371-1877

Kurt Thomas Gymnastics Gymnastics Becky Thomas 214-872-4646

Lovejoy Bowling Bowling Crystal Smith 214-277-3994

Lovejoy Fishing Fishing Glenn Harrison 214-535-8397

Lovejoy Lacrosse Lacrosse David Diaz 972-978-3888

Metroplex Aquatics Swimming Brent Mitchell 972-992-3996

Metroplex Gymnastics Gymnastics Brian Steeter 972-787-9095

North Texas Equestrian Center Equestrian Kai Handt 972-442-7544

Oakpoint Gymnastics Gymnastics Carlos Perez 972-941-7691

Taylor Dance Center Dance Susan Taylor 469-450-6955

White Tiger Martial Arts Martial Arts Paula Debard 214-383-7679

WOGA – Frisco Gymnastics Yevgeny Marchenko 972-712-9642

WOGA – Plano Gymnastics Melissa Sanders 972-985-9292

Woodhaven Stables Equestrian Erika Boylan 972-352-3786

Zenith Elite Gymnastics Gymnastics Simona Teitzel 214-592-0662