



Arlington
INDEPENDENT SCHOOL DISTRICT
More Than a Remarkable Education

MEMORANDUM

TO: Secondary Principals and Counselors

FROM: I.C. Little
Director of Athletics/Physical Education

DATE: March 8, 2010

SUBJECT: Off-Campus P.E. 2010-2011

Attached is an Off-Campus P.E. packet for the 2010-2011 school year. Please make copies for your supply.

If you have questions, please contact my office at 682-867-1951.

**2010-2011
PROCEDURE FOR SECURING
OFF-CAMPUS PHYSICAL EDUCATION CREDIT**

1. All students interested in obtaining Off-Campus Physical Education credit will be directed to their counselor.
2. The counselor will explain the two categories of Off-Campus Physical Education and give the student an Application for Off-Campus Physical Education.
3. The completed application should be returned to the counselor.
4. The counselor will then review the application with the principal and obtain the principal's signature on the application.
5. The counselor will forward the application to I.C. Little's office for final approval. After final approval, the application will be returned to the counselor. *Applications must receive final approval prior to the 1st week of each semester. No application will be accepted after the third week of each semester.*
6. Upon receipt of the approved application, the counselor will send the "provider-of-services packet" to the coach or organization providing the Off-Campus Physical Education services. The provider will finalize the process by returning the Acknowledgement of Responsibilities Statement to the counselor.
7. The counselor or principal designee will review the log and grade sheet each six weeks to verify that the student is meeting the AISD requirements for attendance and hours prior to entering the grade.

**PLEASE DISPOSE OF ALL OLD FORMS/PACKETS RELATING TO
OFF-CAMPUS PHYSICAL EDUCATION.**

ARLINGTON INDEPENDENT SCHOOL DISTRICT 2010-2011

OFF-CAMPUS PHYSICAL EDUCATION SERVICE PROVIDER'S PACKET

The Arlington Independent School District has agreed to consider physical activity offered at your site for credit in physical education if AISD guidelines are met. A visit to your site may be necessary during the school year.

Enclosed are copies of forms for recording attendance and grades for students at your site. Please make copies so that you will have the forms available for each six-week grading period. Also enclosed is a list of schools and addresses. The grade and participation log forms should be sent to the Counseling Office at the school where each student attends. The following guidelines are to be used in completing the forms:

- A student must be in attendance 90% of the stipulated hours, with no more than five (5) unexcused absences per semester.
- A Participation Log and Grade Reporting form must be completed and verified by your business or organization for each six weeks.
- The Grade Reporting form and Participation Log must be mailed by your organization to the Counseling Office for each six-week grading period. **The student will not receive credit if you fail to meet this requirement.**

CATEGORY I:

- The student must have strenuous activity for a minimum of fifteen (15) hours each week for eighteen (18) weeks per semester. Students qualifying and participating at this level may be dismissed from school for one period per day for such participation.
- The student must participate a minimum of four (4) days per week (Monday through Friday), plus an additional day that may fall on either the weekend or during the week.

CATEGORY II:

- The student must have strenuous activity for a minimum of five (5) hours each week for eighteen (18) weeks per semester and may not be dismissed from any part of the regular school day.

If you have questions regarding Off-Campus Physical Education, please contact my office at 682-867-1951.

Sincerely,

I.C. Little
Director of Athletics/Physical Education

**ARLINGTON INDEPENDENT SCHOOL DISTRICT
2010-2011
Off-Campus Physical Education Grade Reporting Form**

Student's Name (Print)	Student's ID#
School/Campus	Campus Administrator
Activity Site	

Grade reports will be due to the school campus on the following dates:

FIRST SEMESTER

Friday, October 1, 2010

Friday, November 12, 2010

Friday, January 14, 2011

SECOND SEMESTER

Friday, February 25, 2011

Friday, April 15, 2011

Thursday, June 2, 2011

Numeric Activity Grade: _____

Citizenship Grade: _____

**A=Meeting expectations
B=Needs Improvement**

**C=Unacceptable behavior
F=Failing**

Contact Person's Signature	Date
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Attach to Participation Log and submit to the campus Counseling Office on the dates specified above.

OFF-CAMPUS PHYSICAL EDUCATION

This application is valid *one year only* and must be completed at the beginning of each school year.
***FORM MUST BE COMPLETELY FILLED OUT TO BE PROCESSED.**

 NAME OF STUDENT _____
 SCHOOL ATTENDING

 STUDENT ID# _____
 TYPE OF ACTIVITY

 ADDRESS _____
 CITY _____
 ZIP

 PARENT/GUARDIAN SIGNATURE _____
 P/G HM TELEPHONE _____
 P/G WK TELEPHONE

CATEGORY: (Circle One) SEMESTER: (Circle One)

I (Minimum of 15 hours per week) 1 2 1&2

II (Minimum of 5 hours per week)

Credit is requested for Grade: 7 8 9 10 11 12 (Circle One)

 NAME OF PROGRAM SUBMITTED FOR APPROVAL _____
 NAME OF CONTACT PERSON

 ADDRESS _____
 CITY _____
 ZIP _____
 CONTACT TELEPHONE

INDICATE THE DAY(S) OF THE WEEK AND THE TIME OF DAY THE STUDENT PARTICIPATES

- Monday _____ to _____ am. / p.m.
- Tuesday _____ to _____ am. / p.m.
- Wednesday _____ to _____ am. / p.m.
- Thursday _____ to _____ am. / p.m.
- Friday _____ to _____ am. / p.m.
- Saturday _____ to _____ am. / p.m.
- Sunday _____ to _____ am. / p.m.

ADDITIONAL TIME

TOTAL HOURS

If this program is approved, what schedule modifications will be made for this student?

 PRINCIPAL _____
 DIRECTOR OF ATHLETICS/PHYSICAL EDUCATION

 DATE _____
 DATE

 COUNSELOR _____
 FAX NO.

IMPORTANT: AISD *does not* require off-campus physical education providers to conduct criminal background checks. 021803

ARLINGTON INDEPENDENT SCHOOL DISTRICT
2010-2011
Off-Campus Physical Education

ACKNOWLEDGEMENT OF RESPONSIBILITIES

Student's Name

Student's I.D. #

School

Counselor's Name

I will provide strenuous physical activity for the above named student for the time periods and dates specified on their application.

I will provide an accurate participation log for all sessions. I further understand that participation logs and grade sheets must be turned in to the counselor's office on the dates outlined in this packet. I realize that my failure to do so will result in loss of Off-Campus Physical Education credit for my student.

Off-Campus P.E. Provider (please print)

Off-Campus P.E. Provider Signature

Date

Organization Providing Activity

Address

City

Zip

Phone

RETURN TO SCHOOL COUNSELOR