



**ARLINGTON INDEPENDENT SCHOOL DISTRICT  
2024-2025  
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 the Athletic Department office for final approval. After final approval, the application will be returned to the counselor. ***Applications must receive final approval prior to the 1<sup>st</sup> 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  
2024-2025  
Off-Campus Physical Education Service Provider Application**

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 mailed, emailed, or hand delivered by your organization to the Counseling Office at the school where each student attends. Students should under no circumstances deliver their grade reports to the Counseling Office. 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. **The student will not receive credit if these requirements are not met.**
- 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, emailed, or hand delivered 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. Grades must be received by the due dates noted on the Grade Reporting Form or students will not receive credit.**
- Due to Grade Report schedules and Report Card deadlines, grades must be received by the counseling office no later than the 6-week grade report dates as specified on the Off-Campus Physical Education Participation Log and Grade Reporting Form.

**CATEGORY I:** - Olympic Level

- Students are supervised a minimum of 15 hours per week with highly intensive professional training.
- The training facility, instructors, and the activities involved in the program are certified by the superintendent to be of exceptional quality.
- Program requires students to engage in moderate to vigorous physical activity
- Students qualifying and participating at this level are dismissed from school no more than one class period per day.
- Students do not miss any class other than physical education.

**CATEGORY II:** Private or Commercial – Sponsored Non-Olympic level

- Students are well supervised at least 5 hours per week by appropriately trained instructors.
- Programs are certified by the superintendent to be of high quality.
- Program requires students to engage in moderate to vigorous physical activity.
- Students who participate at this level are not dismissed from any part of the school day.



**ARLINGTON INDEPENDENT SCHOOL DISTRICT  
2024-2025  
Off-Campus Physical Education Service Provider Application**

\_\_\_\_\_  
Student's Name Students I.D. #

\_\_\_\_\_  
School Counselor's Name

**I will meet the required provisions for the selected category of 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 I am responsible for submitting the participation logs and grade sheets to the campus counselor's office via mail, email or in person no later than the dates outlined in this packet. I realize that my failure to do so will result in the loss of Off-Campus Physical Education credit for my student.**

**Organization Name:** \_\_\_\_\_

**Organization Contact:** \_\_\_\_\_  
Last Name First Name

**Physical Address:** \_\_\_\_\_  
Address City State Zip

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Description of Physical Education:** \_\_\_\_\_  
\_\_\_\_\_

**Name of Instructor:** \_\_\_\_\_  
Last Name First Name

**Instructors Qualifications/Certifications:** \_\_\_\_\_  
\_\_\_\_\_

**Please include copies of certifications**

**Select Category (circle)**    **I**    **II**    **Grade Level (circle)**    **7-8**    **9-12**

**Signature of provider:** \_\_\_\_\_

**RETURN TO SCHOOL COUNSELOR**





**ARLINGTON INDEPENDENT SCHOOL DISTRICT  
 2024-2025  
 Off-Campus Physical Education Grade Reporting Form**

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

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

**FIRST SEMESTER**

**SECOND SEMESTER**

**Friday, September 20, 2024**

**Friday, February 14, 2025**

**Friday, November 1, 2024**

**Friday, April 4, 2025**

**Friday, December 20, 2024**

**Friday, May 23, 2025**

**Numeric Activity Grade:** \_\_\_\_\_

**Citizenship Grade:** \_\_\_\_\_

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

**C=Unacceptable behavior**  
**F=Failing**

<b>Contact Person's Signature</b>	<b>Date</b>
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- *Attach to Participation Log and submit to the campus Counseling Office on the dates specified above. PLEASE NOTE: Students not meeting the stipulated weekly hour requirements and/or attendance requirements will not receive credit. Grades must be received by the due dates noted above or students will not receive credit.*



**ARLINGTON INDEPENDENT SCHOOL DISTRICT  
2024-2025**

**Off-Campus Physical Education Application**

*This application is valid one year only and must be completed at the beginning of each school year.*

NAME OF STUDENT	SCHOOL ATTENDING
ADDRESS	CITY ZIP
PARENT/GUARDIAN SIGNATURE	PARENT/GUARDIAN PHONE NUMBER
STUDENT ID#	TYPE OF OFF-CAMPUS ACTIVITY

<b>CATEGORY: (Circle One)</b>				<b>SEMESTER: (Circle One)</b>			
<b>I</b>	(Minimum of 15 hours per week)			<b>1</b>	<b>2</b>	<b>1&amp;2</b>	
<b>II</b>	(Minimum of 5 hours per week)			<b>1</b>	<b>2</b>	<b>1&amp;2</b>	
<b>III</b>	(Minimum of 25 hours per week)			<b>1</b>	<b>2</b>	<b>1&amp;2</b>	
Credit is requested for Grade:				<b>7<sup>th</sup></b>	<b>8<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>10<sup>th</sup></b> <b>11<sup>th</sup></b> <b>12<sup>th</sup></b> (Circle One)
NAME OF PROGRAM SUBMITTED FOR APPROVAL				NAME OF CONTACT PERSON			
ADDRESS				CITY ZIP			
CONTACT PHONE NUMBER				CONTACT EMAIL ADDRESS			
INDICATE THE DAY(S) OF THE WEEK AND THE TIME OF DAY THE STUDENT WILL PARTICIPATE							
<input type="checkbox"/>	Monday	_____	to	_____	am. / p.m.	<b>ADDITIONAL TIME</b>  <b>TOTAL HOURS</b> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>	
<input type="checkbox"/>	Tuesday	_____	to	_____	am. / p.m.		
<input type="checkbox"/>	Wednesday	_____	to	_____	am. / p.m.		
<input type="checkbox"/>	Thursday	_____	to	_____	am. / p.m.		
<input type="checkbox"/>	Friday	_____	to	_____	am. / p.m.		
<input type="checkbox"/>	Saturday	_____	to	_____	am. / p.m.		
<input type="checkbox"/>	Sunday	_____	to	_____	am. / p.m.		

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

PRINCIPAL	DIRECTOR OF ATHLETICS/PHYSICAL EDUCATION
DATE	DATE
COUNSELOR	COUNSELING OFFICE EMAIL ADDRESS

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