

**ARLINGTON INDEPENDENT SCHOOL DISTRICT
2025-2026
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 HPE Coordinator for final approval. After final approval, the application will be returned to the counselor.
No application will be accepted after the third week of each semester.
6. Upon receipt of the approved application, the counselor will send the "Off-Campus Physical Education Service Provider Application" to the coach or organization providing the Off-Campus Physical Education services. The provider will finalize the process by returning the application containing the "Acknowledgment 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
2025-2026
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. The grade and participation log forms should be mailed, emailed, or hand delivered by your organization to the campus counseling office. Students should under no circumstances deliver their grade reports to the counseling office at the student's school. 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 campus 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.
- The 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
2025-2026
Off-Campus Physical Education Service Provider Application**

Student's Name _____ Students I.D. # _____

School _____ Counselor's Name _____

Acknowledgment of Responsibilities Statement

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

*Please include copies of certifications

Instructors Qualifications/Certifications: _____

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

Signature of provider: _____

RETURN TO SCHOOL COUNSELOR



ARLINGTON INDEPENDENT SCHOOL DISTRICT
2025-2026
Off-Campus Physical Education Participation Log

Student's Name (Print)

School/Campus

Activity Site

Contact Person's Signature

Activity

Date	Time/Hours	Contact Person's Initials

**Facilities must submit this log with the grade report each six-weeks to the campus counseling office on specified dates:*

1st Six Weeks – September 18, 2025
2nd Six Weeks – October 31, 2025
3rd Six Weeks – December 18, 2025

4th Six Weeks – February 12, 2026
5th Six Weeks – April 2, 2026
6th Six Weeks – May 21, 2026



**ARLINGTON INDEPENDENT SCHOOL DISTRICT
2025-2026
Off-Campus Physical Education Grade Reporting Form**

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

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

FIRST SEMESTER

Thursday, September 18, 2025

Friday, October 31, 2025

Thursday, December 18, 2025

SECOND SEMESTER

Thursday, February 12, 2026

Thursday, April 2, 2026

Thursday, May 21, 2026

Numeric Activity Grade:

Citizenship Grade:

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

**C=Unacceptable behavior
F=Failing**

<hr/>	<hr/>
Contact Person's Signature	Date

- *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
2025-2026**

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

CATEGORY: (Circle One)				SEMESTER: (Circle One)			
I	(Minimum of 15 hours per week)			1	2	1&2	
II	(Minimum of 5 hours per week)			1	2	1&2	
Credit is requested for Grade:				7 th	8 th	9 th	10 th 11 th 12 th (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.		ADDITIONAL TIME TOTAL HOURS <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	HEALTH AND PHYSICAL EDUCATION COORDINATOR
DATE	DATE
COUNSELOR	COUNSELING OFFICE EMAIL ADDRESS

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