

Los Cerritos Middle School  
2100 Avenida de las Flores  
Thousand Oaks, CA 91362-1599  
Ph: 805.492.3538 Fx: 805.493.8854  
Counseling: 805.492.4756  
Jason Klinger  
Principal

Mark W. McLaughlin, Ed.D.  
Superintendent



"A National Blue Ribbon School"  
"A California Distinguished School"

## **2018-2019 Academic Year Independent Study P.E. Application**

Dear Parent/Guardian and Student:

Attached is the application packet for the Conejo Valley Unified School District's Independent Study Physical Education program. This program is designed for the **extraordinary athlete** who competes at a highly advanced level of performance on an individual basis. **This program is not designed for team sports and is only for students in 7<sup>th</sup> or 8<sup>th</sup> grade.**

The CVUSD will allow students to be exempted from regular physical education classes during the first or last period of the school day for a complete trimester or year if they are participating in an approved Independent Study Physical Education Program.

The student who participates in the ISPE program must develop proficiency, knowledge and skills that cannot be achieved within an in-school program. Students **must** also participate in the State-mandated physical tests, which must be completed before credit can be given for the ISPE program. There will be **no cost incurred** to the District for a student's participation in ISPE. Transportation of the student to and from the ISPE program is the responsibility of the student and parent/guardian. The District will not be expected to provide any instructional supplies, textbooks, equipment or other materials for the ISPE program and/or activities.

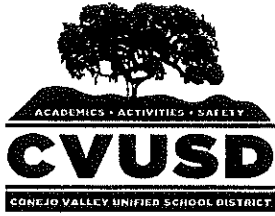
ISPE is to be taken from a CVUSD approved school or program with professionally trained and experienced personnel. Off-campus schools, institutions, clubs, organizations and instructors shall provide the District with written evidence of background and experience. They must be willing to cooperate fully with the District in the conduct of the program and will assume responsibility for maintaining the quality of instruction, dates and times of meetings, immediate supervision of the student, evaluation of the student's performance and progress, ***timely submission of the Monthly Attendance Report forms and Progress Report forms*** to the Assistant Principal, and maintaining the insurance coverage required by the District.

Incomplete applications will not be reviewed. Be sure to carefully read over and follow the directions on how to apply for Independent Study Physical Education (page 2). If you have any questions or concerns, please contact Brandy Pacheco, Assistant Principal, at (805) 492-3538 ext. 1007, or at [bpacheco@conejousd.org](mailto:bpacheco@conejousd.org).

Sincerely,

Mr. Jason Klinger  
Principal

**Please do not submit cover letter with application. Remove this letter for your records.  
Submit the 7 page completed application to your school.**



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**INDEPENDENT STUDY PHYSICAL EDUCATION CONTRACT**

**2018 – 2019 ACADEMIC YEAR**

*To be completed by Parent/Guardian and/or Student*

Please Print

Student: _____	Parent/Guardian: _____
Address: _____	City: _____ Zip Code: _____
Home/Mobile Telephone: _____	Work Telephone: _____
School: _____	Grade (please circle): 7      8 (As of fall, 2018)

**Attach two addressed and stamped (approximately 4 ¼ x 9 ½ inches) envelopes:**

**1<sup>st</sup> envelope** is to be addressed to the instructor. This envelope will be used to notify the instructor of acceptance or denial. Also, the instructor will receive attendance and grade forms for ISPE in the envelope.

**2<sup>nd</sup> envelope** is to be addressed to the student. This envelope will be used to notify student/parent(s) of acceptance or denial.

**COMPLETED APPLICATION MUST HAVE TWO ENVELOPES ATTACHED!**

Timeline for submission of ISPE Application:

**Trimester 1**

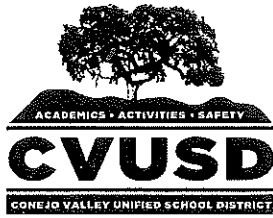
**\*This deadline is for students applying for All Trimesters:**  
 Applications must be received in the office by August 10, 2018  
 Acceptance/Denial letters will be mailed the week of August 13, 2018

**Trimester 2**

Applications must be received in the office by November 5, 2018  
 Acceptance/Denial letters will be mailed the week of November 12, 2018

**Trimester 3**

Applications must be received in the office by February 14, 2019  
 Acceptance/Denial letters will be mailed the week of February 18, 2019



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## HOW TO APPLY FOR INDEPENDENT STUDY PHYSICAL EDUCATION

Student Name: \_\_\_\_\_

### THE AGENCY REPRESENTATIVE AND/OR INSTRUCTOR ARE TO:

#### Instructor initials each line as completed

- \_\_\_\_\_ 1. Complete and sign the Agreement to Provide Independent Study Physical Education
- \_\_\_\_\_ 2. Attach written evidence of the background, training, and experience of the Agency and the Instructor, including a resume.
- \_\_\_\_\_ 3. The ISPE Instructor understands he/she will assist in the development of an educational plan for each student, monitor each plan on a regular basis, maintain appropriate attendance records to verify minimum attendance requirements, maintain records and prepare grade reports, as well as any other reports, as required by the District and State.
- \_\_\_\_\_ 4. Instructor will submit a one page written statement providing rationale/qualifications demonstrating a student is performing at an advanced level of competency/performance (as required) and is individually ranked at the National, Olympic, or Elite level

### THE STUDENT AND PARENT/GUARDIAN ARE TO:

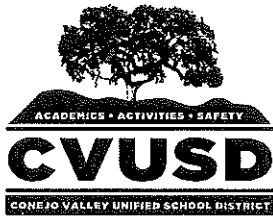
#### Student initials each line when completed

- \_\_\_\_\_ 1. Complete and sign the Independent Study Physical Education Contract
- \_\_\_\_\_ 2. Complete and sign the Hold Harmless Agreement
- \_\_\_\_\_ 3. Attach copies of report cards for one year prior to request for ISPE \*Note: report card must reflect a **2.0 grade point average or above and a grade of "C" or better in P.E.**
- \_\_\_\_\_ 4. Attach evidence of current standings, rankings, accomplishments, recent performances that proves student is competing at a highly advanced level.
- \_\_\_\_\_ 5. Attach two (2) addressed and stamped (4 ½ x 9 ½ inches) envelopes as explained in the ISPE contract
- \_\_\_\_\_ 6. Meet with the ISPE Instructor on a regular basis to discuss the program and evaluate the student's progress.
- \_\_\_\_\_ 7. Copy the completed application for your records BEFORE submitting.
- \_\_\_\_\_ 8. Submit the completed application packet to Los Cerritos Middle School observing the timeline as it appears on the Independent Study Physical Education contract.

The student and parent/guardian understand that the student **must** reapply every year for ISPE. If a student must change instructors or agencies during the school year, a new application packet must be submitted and approved prior to the effective date of the change. Attendance in the ISPE program will be suspended until the new application is approved.

The application will be reviewed by the counselor, P.E. department chairperson, and principal for acceptance or denial. If approved, a letter confirming acceptance of the application will be mailed to the student/parent(s) in the addressed and stamped envelope provided with the application. If approved, a letter confirming acceptance of the application will be mailed to the Instructor in the addressed and stamped envelope provided with the application. The instructor will also receive a *Monthly Attendance Report* form and a *Progress Report* form. These forms will be mailed by the instructor to the Assistant Principal at Los Cerritos Middle School as outlined in the acceptance letter.

If denied, a letter confirming the denial of the application will be mailed to the student/parent(s) and instructor.



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## CONTRACT FOR INDEPENDENT STUDY PHYSICAL EDUCATION

Student Name: \_\_\_\_\_ Subject Area: \_\_\_\_\_

(Please print)

Name of Instructor: \_\_\_\_\_

(Please print)

**1. Duration of Contract: (Check ALL that apply)**

\_\_\_\_\_ Trimester 1

\_\_\_\_\_ Trimester 2

\_\_\_\_\_ Trimester 3

**2. ISPE is graded on a Pass/Fail grading system.**

**3. Complete how many hours a student will be under the supervision of the coach/instructor:**

Hours per day: \_\_\_\_\_ Days per week: \_\_\_\_\_ \*Total hours per week: \_\_\_\_\_

**\*(Must equal or exceed ten (10) hours per week supervised, direct training)**

**4. Learning/Instructional Objectives and Competencies to be met:**

•

•

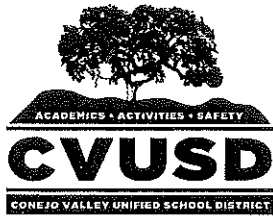
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**5. Method of Evaluation of the Objectives:**

•

•

•



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**CONTRACT FOR INDEPENDENT STUDY PHYSICAL EDUCATION, cont.**

**6. Schedule, time(s), and location(s) of program and description of activities:  
(Note: Schedule should reflect at least ten (10) hours per week of supervised, direct training).**

Schedule (days/times):

- 
- 
- 
- 

Location:

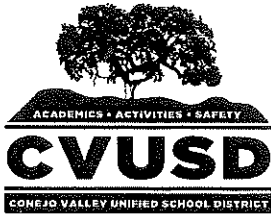
Activities:

- 
- 
- 
- 
- 

**7. Student Responsibilities (Student *must* initial):**

- \_\_\_\_ Take District & State Mandated PE tests (testing dates are available from your school counselor)
- \_\_\_\_ Must meet at least ten (10) hours per week of supervised, direct training
- \_\_\_\_ Must reapply each academic year

**Other: to be completed by student after discussion with ISPE Instructor**



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## CONTRACT FOR INDEPENDENT STUDY PHYSICAL EDUCATION

Student Name: \_\_\_\_\_  
(Please print)

### Signatures:

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Official Representative of organization, firm or site where learning activity  
will take place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

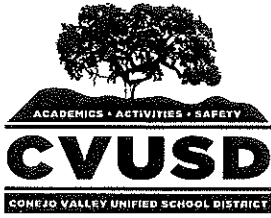
**Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PE Department Chair (or designee):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal's Signature (or designee):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval (Date)** \_\_\_\_\_

**Denial (Date)** \_\_\_\_\_



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**HOLD HARMLESS AGREEMENT – INDEPENDENT STUDY PE**

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P.E. ACTIVITY: \_\_\_\_\_

P.E. ACTIVITY DATE(S): \_\_\_\_\_

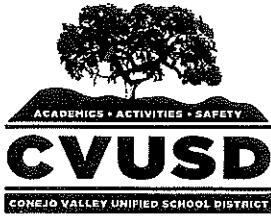
LOCATION: \_\_\_\_\_

The parent(s) of are requesting that their child be approved for Independent Study Physical Education by the Conejo Valley Unified School District. By their signature below they certify that the agency and/or individual(s) listed in their application possess the qualifications and character to support their child’s physical education in a safe and appropriate environment, and assumes full responsibility for monitoring their child’s participation in the program. They also agree to personally indemnify and hold harmless Conejo Valley Unified School District, its officers, agents, and employees from all loss, expense, fines, suits, proceedings, claims, damages, actions, and judgments against any and all liability of any nature whatsoever, and costs including attorney fees for any personal injury (including death) and property damage that may arise during or caused in any way by their child’s participation in the Independent Study Physical Education program.

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



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## AGREEMENT TO PROVIDE INDEPENDENT STUDY PHYSICAL EDUCATION

*The following is to be completed by Instructor/Coach:*

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

(Please print)

**To be completed by student's coach: Level of competition (Instructor/Coach must insert specific level): \_\_\_\_\_ Instructor/Coach's Signature: \_\_\_\_\_**

Instructor will submit a one page written statement providing rationale/qualifications demonstrating a student is performing at an advanced level of competency and/or performance and be individually ranked at the National, Olympic, or Elite level.

### AGENCY (Please print)

Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_

### INSTRUCTOR/COACH (Please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_

Is the Instructor an independent contractor at the facility? Check: Yes \_\_\_\_\_ No \_\_\_\_\_

**Attach to this page written evidence of the background, training, experience, and resume of the Agency and the Instructor/Coach.**

We will cooperate fully with the Conejo Valley Unified School District in the conduct of this program and agree to the following:

- We acknowledge that the student competes or performs at a *highly advanced level* of competency and/or performance
- The time the student spends in supervised direct training by the Instructor/Coach will be a minimum of ten (10) hours per week
- We agree to submit to the school's Assistant Principal the *Monthly Attendance Report* at the end of every month and the *Progress Report* at the end of every grading period as noted on the *Progress Report* form
- We assume responsibility for maintaining the quality of instruction, dates and times of meetings, immediate supervision of the student, and evaluation of the student's performance and progress
- The student will develop proficiency, knowledge, and skills that cannot be achieved within an in-school program

\_\_\_\_\_  
 Signature of professional certified instructor/coach who will be working directly with student

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of official representative of agency, organization, firm, or site where learning activity will take place

\_\_\_\_\_  
 Date