



Redwood Middle School  
233 W. Gainsborough Rd  
Thousand Oaks, CA 91360-3499  
(805) 497-7264 FAX (805) 497-3734



Nicole Judd  
Principal

Mark McLaughlin, Ed. D.  
Superintendent

A California Gold Ribbon School  
A California Distinguished School

**INDEPENDENT STUDY PHYSICAL EDUCATION CONTRACT**  
**2023 – 2024 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
	<b>(Fall 2023)</b>

**Attach two addressed and stamped 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:

**Semester 1**

**\*This deadline is for students applying for Both Semesters:**

Applications must be received in the office by August 9, 2023

Acceptance/Denial letters will be mailed the week of August 14, 2023

**If applying for *Semester 2 ONLY***

Applications must be received in the office by December 1, 2023

Acceptance/Denial letters will be mailed the week of December 11, 2023



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## HOW TO APPLY FOR INDEPENDENT STUDY PHYSICAL EDUCATION

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

Instructor initials each line as completed –

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



(Instructor initial below)

- \_\_\_\_\_ Complete and sign the Agreement to Provide Independent Study Physical Education
- \_\_\_\_\_ Attach written evidence of the background, training, and experience of the Agency and the Instructor, Including a resume.
- \_\_\_\_\_ Complete and sign the Hold Harmless Agreement
- \_\_\_\_\_ 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 reports as required by the District and State.

Student and/or parent initials each line when completed –

**THE STUDENT AND PARENT ARE TO:**



(Student and/or parent initial below)

- \_\_\_\_\_ Complete and sign the Independent Study Physical Education Contract
- \_\_\_\_\_ Complete and sign the Hold Harmless Agreement
- \_\_\_\_\_ 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.
- \_\_\_\_\_ **Attach evidence of current standings, rankings, accomplishments, recent performances that proves student is competing at a highly advanced level.**
- \_\_\_\_\_ **Attach two (2) addressed and stamped (4 ½ x 9 ½ inches) envelopes as explained in the ISPE contract**
- \_\_\_\_\_ The student understands that he/she must meet with the ISPE Instructor on a regular basis to discuss the program and evaluate the student's progress.
- \_\_\_\_\_ The student and parent 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.
- \_\_\_\_\_ Copy the completed application for your records BEFORE submitting.
- \_\_\_\_\_ Submit the completed application packet to Redwood Middle School observing the Timeline as it appears on the Independent Study Physical Education contract.

The application will then be reviewed by the Physical Education Department Chairperson and the Assistant 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 delivered by the Instructor to the Assistant Principal at Redwood 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)**

\_\_\_\_\_ Semester 1

\_\_\_\_\_ Semester 2

**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:**

•

•

•

**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:

1. **Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

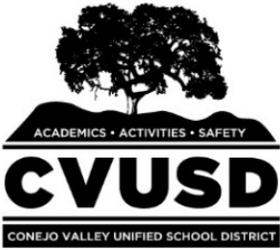
4. **Signature of Official Representative of organization, firm or site where learning activity  
will take place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

5. **PE Department Chair** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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



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### Insurance Requirements

The District requires verification of insurance coverage of an agency providing independent study physical education. If the instructor is an independent contractor at the agency where instruction will be provided, both the instructor and the agency must provide the following for their respective insurance policies:

1. A certificate of insurance from the insurance company of the organization or instructor naming the Conejo Valley Unified School District as the certificate holder. The insurance should be general liability in the minimum amount of one million dollars (\$1,000,000) combined single limit which includes bodily injury and property damage to indemnify against the claim of any one (1) occurrence, and two million (\$2,000,000) combined single limit in the aggregate.
2. An additional insured endorsement page from the insurance company naming the Conejo Valley Unified School District as additionally insured.

Language on the certificate should be as follows:

Conejo Valley Unified School District  
Attn: Risk Management  
1400 E. Janss Rd  
Thousand Oaks, CA 91362

Insurance documents may be mailed to the address above. If you have any questions regarding the certificate of insurance, please contact Risk Management at (805) 497-9511 x261. If you have questions regarding the Independent Study PE Program, please contact the student's school site.

In addition to the insurance requirements, the agency representative and the student's parent must also sign their respective Hold Harmless Agreement. If the instructor for the agency is an independent contractor, then both the agency and the instructor must sign the agreement for the agency. Attached are the following Hold Harmless Agreements to be signed:

1. Hold Harmless Agreement for Agency
2. Hold Harmless Agreement for Parent

Resources:

Administrative Regulation (AR 6158) – Independent Study

<http://www.conejo.k12.ca.us/Portals/0/usersdata/Board%20of%20Ed/Admin%20Regulations/Series%206000/AR6158.pdf>

Board Policy (BP 6158) – Independent Study

<http://www.conejo.k12.ca.us/Portals/0/usersdata/Board%20of%20Ed/Board%20Policies/Series%206000/BP6158.pdf>



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**HOLD HARMLESS AGREEMENT – INDEPENDENT STUDY PE  
AGENCY**

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

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

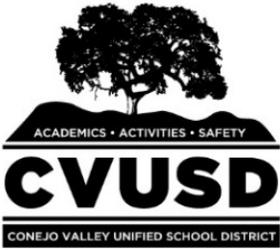
LOCATION: \_\_\_\_\_

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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## HOLD HARMLESS AGREEMENT – INDEPENDENT STUDY PE PARENT

P.E. Activity: \_\_\_\_\_

P.E. Activity Dates: \_\_\_\_\_

Location: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

The Parent of: \_\_\_\_\_  
(Student Name)

agrees to defend, indemnify, and hold harmless Conejo Valley Unified School District, its officers, directors, agents, employees, students, and/or volunteers from any and all claims, demands, losses, damages and expenses, including legal fees and costs, or other obligations or claims arising out of any liability or damage to person or property, including bodily injury or death, or any other loss, sustained or claimed to have been sustained arising out of activities of the Agency or those of any of its officers, agents, employees, or subcontractors of Agency, whether such act or omission is authorized by this agreement/contract or not.

I understand and acknowledge that physical education activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such sport/athletic events or activities. This sport/athletic event or activity, by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- Sprains and strains
- Fractured bones
- Unconsciousness
- Lacerations, abrasions, avulsions
- Paralysis
- Disfigurement
- Head injuries and concussions
- Eye injuries, loss of eyesight
- Death

I understand and acknowledge that participation in Independent Study Physical Education events or activities is completely elective and voluntary and as such is not required by the District. I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in Independent Study Physical Education events or activities.

I authorize my son/daughter to participate in the indicated Independent Study Physical Education event or activity. I acknowledge that I have carefully read this "Hold Harmless Agreement – Independent Study PE for Parent" form and that I understand and agree to its terms.

Signature of Parent: \_\_\_\_\_

Print Parent 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