



**2010-2011 Information Packet for Off-Campus Physical Education Substitutions  
For High School or Middle School**

*Revised 2/1/2010*

**PLEASE NOTE: See page 2 regarding information in regard to Senate Bill 530 passed during the 80<sup>th</sup> legislative session.**

In order to honor your request for physical education substitution, comply with required curriculum standards, and maintain quality education for the whole child, Carroll ISD has provided guidelines and procedures to facilitate the physical education substitution process. These guidelines ensure that CISD remains in compliance with CISD policy EIF (LOCAL).

PRIVATE OR  
COMMERCIALY  
SPONSORED PHYSICAL  
ACTIVITY PROGRAMS

The Board may award up to 2 credits, which may be substituted for state graduation credit in physical education, for physical education in appropriate private or commercially sponsored physical activity programs conducted either on or off campus, upon approval by the Commissioner of Education. 19 TAC 74.11(d)(7)

OTHER PHYSICAL ACTIVITY  
PROGRAMS

The District shall award state graduation credit for physical education for appropriate private or commercially sponsored physical activity programs conducted either on or off campus, upon approval by the Commissioner of Education.

Two Categories for Off-Campus Physical Education Substitutions for High School/Middle School

- **Category I** involves physical activity programs that lead to Olympic level participation and requires a minimum of 15 hour per week of **professionally** supervised training. Students qualifying and participating at this level **may be dismissed** from school for one period per day for such participation. The student will be required to follow this schedule for the entire semester. Students participating at this level may receive a maximum of one-half credit per semester. A total of one and one-half credits may be earned toward state high school graduation requirements in grades 9-12 and middle school. In middle school, students may fulfill their P.E. requirement of one credit with successful completion of the requirements in two semesters of the Off-Campus P.E. program.
- **Category II** activities do not involve Olympic level participation but must be certified by the superintendent or the designee to be of high quality and well-supervised by appropriately trained instructors. Student participation in this category must entail at least **five** hours per week and students **may not be dismissed** from any part of the regular school day. Students participating at this level may receive a maximum of one-half credit per semester. A total of one credit or one and one-half credit (depending on year of entry into high school) may be earned toward state high school graduation requirements in grades 9-12 and middle school. In middle school, students may fulfill their P.E. requirement of one credit with successful completion of the requirements in two semesters of the Off-Campus P.E. program.
- ❖ Note: In middle school a student is required to have two semesters of P.E. credit. Therefore, 8<sup>th</sup> graders do not need to enroll for OPE credit if they have already met the requirement as a 7<sup>th</sup> grader. A high school student is required to have two or three semesters of P.E. credit (depending on year of entry into high school).

**IMPORTANT INFORMATION REGARDING SENATE BILL 530**

Senate Bill 530 passed during the 80<sup>th</sup> legislative session in 2007 requires that:

- (a) Except as provided by Subsection (b), a school district annually shall assess the physical fitness of students enrolled in grades 3 through 12.

(b) A school district is not required to assess a student for whom, as a result of disability or other condition identified by commissioner rule, the assessment instrument adopted under Section 38.102 is inappropriate.

The assessment instrument must:

(1) be based on factors related to student health, including the following factors that have been identified as essential to overall health and function:

(A) aerobic capacity;

(B) body composition; and

(C) muscular strength, endurance, and flexibility; and

(2) include criterion-referenced standards specific to a student's age and gender and based on the physical fitness level required for good health.

**REPORTING OF SUMMARY RESULTS.** (a) A school district shall compile the results of the physical fitness assessment required by this subchapter and provide summary results, aggregated by grade level and any other appropriate category identified by commissioner rule, to the agency. The summary results may not contain the names of individual students or teachers.

(b) The results of individual student performance on the physical fitness assessment instrument are confidential and may be released only in accordance with state and federal law.

Carroll ISD will assess the physical fitness of students enrolled in the OCPE program as follows:

Dates available for fitness assessment (you must choose **only** one):

- |                          |                              |               |
|--------------------------|------------------------------|---------------|
| <input type="checkbox"/> | Saturday, September 25, 2010 | 9:00-11:00 AM |
| <input type="checkbox"/> | Saturday, October 23, 2010   | 9:00-11:00 AM |
| <input type="checkbox"/> | Saturday, February 19, 2011  | 9:00-11:00 AM |
| <input type="checkbox"/> | Saturday, February 26, 2011  | 9:00-11:00 AM |
| <br>                     |                              |               |
| <input type="checkbox"/> | Tuesday, October 19, 2010    | 4:15- 6:15 PM |
| <input type="checkbox"/> | Tuesday, April 19, 2011      | 4:15- 6:15 PM |

Location: All fitness assessments will be conducted at the Durham Intermediate School gymnasium, 801 Shady Oaks, Southlake, TX 76092. Please allow two (2) hours for your student's assessment.

**[PLEASE REVIEW THESE CISD GUIDELINES BEFORE APPLYING TO THE PROGRAM](#)**

- Examples of physical activities include but are not limited to: ice-skating, ice hockey, equestrian training, gymnastics and competitive dance. A student may not participate in off-campus sports if the sport is offered as part of the CISD curriculum unless a student is released or not put on a team from the school program.
- Time on task equals no less than 15 hours per week (for Category I) or five hours per week (for Category II) under the direct supervision of a coach or professional trainer.
- Travel time is NOT included as part of the time on task requirement and parents are responsible for providing transportation to and from the physical activity program.
- Only Category I students may leave campus for the time released for physical activity substitutions. Category II students are not released early from school.
- NO MORE THAN 6 hours of tournament play or competition per week may be included in the 15 hour per week requirement for Category I activities.

- Students who work at the location in which they are also receiving credit for physical education may NOT include work hours.
- Documentation of attendance and achievement of predetermined goals in the substituted activity should be submitted to P.E. teacher, Marsha Vawter, (high school) or P.E. teacher, Jenna Chitwood, (middle school) at the end of each 3 weeks (log sheet). This is to be completed by the student, not the OCPE Provider. The OCPE Grade Reporting Form should be submitted to Marsha Vawter (HS) or Jenna Chitwood (MS) no later than the end of every six weeks. The Grade weight: Pass/Fail will be determined by the approved provider (dates listed on the Grade Reporting form coincide with school calendar). **Please make copies of these forms from your original packet for the entire semester.**
- **PLEASE NOTE: If participation logs are not received by the stated deadline and there is not a noted exception in the student's file, the student WILL receive a failing grade.**
- If a student fails to meet program requirements (i.e. payment of registration fee, documentation on logs, turning logs in by due date, etc.), student may lose the option of participating in OCPE. Assignment of credit may be delayed if payment is not rendered in a timely manner.
- Applications for full year participation will be reviewed each semester.
- Packets are available from your student's counselor during the school year. Packets can be found online at [www.southlakecarroll.edu](http://www.southlakecarroll.edu) under the "Curriculum" link (click on "Curriculum Information" and then click on "OCPE packet"). Packets are also available from the Department of Instructional Services at the Carroll ISD Administration Center. **Packets must be returned to your OCPE Coordinator by the stated deadline.** Your OCPE Coordinator will notify your school counselor's office.
- **Providers must be approved** by the Carroll Independent School District. The list of providers is included. The physical activity program conducted by a private or commercially sponsored center **MUST** provide both instruction and physical application. All approved providers will be given a copy of the Texas Essential Knowledge and Skills for Physical Education. Copies of the TEKS may be obtained at the following sites:  
<http://www.tea.state.tx.us/rules/tac/chapter116/ch116b.html> (grades 7-8) or  
<http://www.tea.state.tx.us/rules/tac/chapter116/ch116c.html> (grades 9-12)

A **\$75 per semester** monitoring fee will be charged for all students participating in Off-Campus PE. You may pay per semester or pay for both semesters at one time. This fee will be used to defray the cost for the Program Coordinators to conduct site visits, contact program providers and monitor the program to ensure compliance. **Checks payable to: CARROLL ISD. PLEASE DO NOT PAY WITH CASH.** Checks may be mailed to: Carroll ISD Administration Center, ATTN: Pam Presley, 3051 Dove Road, Grapevine, TX 76051. **IMPORTANT NOTE: If payment is not received by the end of the first six weeks of the semester of enrollment, the student will be dismissed from OCPE.** A request for refund beyond the first six weeks of a semester will be subject to review by the Executive Director for Teaching and Learning Services and the campus principal. Possible reasons for a full refund include, but may not be limited to, student injury/illness, coaching or organizational changes.

- **First semester applications must be received by August 30, 2010 for returning CISD students and by September 3, 2010 for students new to Carroll ISD.**
- Second semester applications are due no later than January 7, 2011. No applications will be approved after these dates.**
- **Only one activity/provider** may be selected for the Off-Campus PE Substitution Program. Credit will not be given for the combination of hours for two separate activities, unless required by the primary provider.
  - Participation must run concurrent with the school semester and must continue throughout the entire semester.

Attached to this informational letter are the application forms to be completed by the parent or guardian and guidelines for the coach/trainer for submission of grades, attendance log, and program description letter. If further information is needed, please contact one of the numbers below:

**Off-Campus P.E. Program Coordinators:**

Marsha Vawter (for CSHS, CHS & CMS): phone: (817) 949-4457 or FAX: (817) 949-4444

Jenna Chitwood (for DMS): phone: (817) 949-4313 or FAX: (817) 949-4343

Carroll Senior High School Counseling Office (817) 949-5813

Carroll High School Counseling Office (817) 949-5620

Dawson Middle School Counseling Office (817) 949-5501  
Carroll Middle School Counseling Office (817) 949-5404

Or, you may contact your student's individual campus counselor.

**Reminder:**

When turning in your application to your OCPE Coordinator, please have all of the following:

1. Application completely filled out
2. Provider Letter (if new provider, not on approved list)
3. Provider Agreement
4. Fitness Assessment Registration form (see page 17)
5. Carroll ISD OCPE Permission and Release Form (see pages 18-19)

**Incomplete packets will not be accepted** and will be returned to you for completion.

**Procedure once approved:**

You must sign in or out with the Attendance Office. If you participate in OCPE in the morning, you must sign in when you arrive. If you participate in OCPE at the end of the day, you must sign out when you leave. Any other arrangements must be approved with the Attendance Secretary at your campus.

**Carroll Independent School District - Approved OCPE Providers**

<b>Program</b>	<b>Provider</b>	<b>Contact Person</b>
<b>Bowling</b>	Brunswick Lanes	Charles Clark
<b>Cycling</b>	Mad Duck Cyclery	Clarence Muller / Terry Musar
<b>Conditioning/ Wt. Training</b>	BHC Fitness Center Fit 4 Her King's Sports & Fitness Lady of America Larry North Fitness Lifetime Fitness Maximum Fitness Solana Club 24-Hour Fitness Timarron Country Club	Dave Kirkham Karen Courtney Bob King  Kerry Millette Corey Storey Brad Timms Bodie Fears Craig Mrozek Chris Huff
<b>Dance</b>	A Dance Force Ballet Academy of Texas Creative Dance Element Dana's Studio of Dance Dance Mpact Dance Industry Performing Arts Double Take Dance Studio KJ Dance Lifesong Studio Rhythm Nation School of Classical Ballet, Colleyville Showtime Southlake Dance Academy The Centre For Dance	Leigh Ann Renger Lisa/Tom Nicholson Melanie-Tyler Horne Dana Bailey Mollea Harrison Christy Wolverton Angel Lawrence Kristy Ulmer Carolyn Franks and Cara Switzer Andrew Tomlinson Marina Almayeva <hr/> Pam Perkins Fenton Fulgham/Tom Alston
<b>Diving</b>	GC Divers We B Diving	Krista Klein Judy Kay
<b>Equestrian</b>	Blue Moon Farm December Farm Elysian Fields Fox Glenn Farms Hidden Brook Farms Hillcrest Farms NRS Training Center PF Flyers Ride with Pride Rising Star Ranch Rocky Top San Castle Stables Shady Oaks Farm Showtime Farms Westlake Show Stables Whitney's Riding Lessons Windswept Farms Woodhill Farms	Colleen Spencer Darcy Gallagher Alison Cooper Jim/Joan Hensen Robyn Collins Julie Cleveland Krece Harris Peggy Friauf Dorren Bruton/Kelli Hurst Donna McCollister Kelli Hurst Sandy Murrell Stacy Barbeire Bob Buxton Glenn/Kelly Ronden Whitney Kokalis Debbie Divecchia Matt Cyphert
<b>Fencing</b>	Gold Blade (aka La Touche Fencing)	Lorinda Gomez

<b>Program</b>	<b>Provider</b>	<b>Contact Person</b>
<b>Golf</b>	Buffy's Customized Golf	Karen "Buffy" Klein
	Precision Golf Instruction	
	Sinclair's Golf Training Center	Jon Sinclair
	Timarron CC	Jeremy Burns/Chris Huff and Brad McCollum
	Total Concept Golf Academy	Jeff Isler
	Trophy Club CC	Noah Magryta
<b>Gymnastics/Cheer</b>	Vaquero CC	Bennett Crump
	Champion Cheer	James Johnson/Richard Landers
	Crusader All Star Cheer	Mike Martinez
	Excite	Tina Rundle
	Gymnastics Plus	Deana Pueblo
	Spirit Extreme	Walter Meriwether
	Sunbelt Gymnastics	Ron Bartusiak/Cindy Krisvsky
	Texas Dreams	Karen Phifer
	Texas Tumblers	Perseus Carter
	Top Flight (competitive teams only)	LeAnn Wilson, Mike Martinez and John Bartlett
<b>Hockey</b>	US Gold Gymnastics	Tina Martin
	World Olympic Gymnastics Academy	Pavel Sadvovsky
	Alliance Bantam Hockey	Ty Hennes
	Dallas Stars Select	Chris Brown/Jeff Ramsey/Jennifer Anderson
		Jouni Lehtola/John Broadhead/Reggie Hall
		Larry Pritchett/Greg Stephenson
	DJHA Midget A Travel Hockey	Jarrett Runey
	Dr. Pepper Stars Center	Tom Yockey / Mike Berry
	Ice Jets	David Horn
	Texas Attack AAA Hockey	Paul Taylor, Karson Kaebel and Trevor Hanas
<b>Ice Skating</b>	Cutting Edge Skating	Natalie Mishkutionok
<b>Lacrosse</b>	Southlake Lacrosse	Andy Lawler
<b>Martial Arts</b>	Dollamer Martial Arts/Fitness	Redina/Scott Templeton
	Goodmans TKO	Ken Goodman
	Kim's USA Taekwondo	Inseon Kim
	Master Hans	Master Jean Good
	North Texas MMA	Joe Christopher
<b>Rock Climbing</b>	Summit Rock Climbing	Zac Allen/Kyle Clinkscales
<b>Sports Performance</b>	Velocity	Ronnie Curcio/Damon Goddard
<b>Softball</b>	SBCSI	Steve Cantu
	Texas Trouble	Greg Edwards
<b>Tennis**</b>	Brookhaven Academy of Tennis	Dion Crupe, Zoltan Papp and Kyle Strickland
	Hilton Tennis & Sports Club	Chris Giordano
	NRG Tennis Academy	Brad Locke
	Solana Club	Tony Hernandez
	Southlake Tennis Center	Steven Poorman
	T Bar M	Doug Kruger
USA Team Tennis	Val Wilder	

**\*\* Middle School Tennis is available in the Fall and Spring if the student has an OCPE provider for both semesters. Extra-curricular tennis at DMS or CMS does not count for OCPE.**

# For Provider

## **Guidelines for Trainers and Coaches of Students applying for Physical Activities Programs for P.E. Substitute Credit**

**(Please give to Provider)**

For a student to receive P.E. Substitute Credit for participating in your training program the following must be submitted to the CISD Off-Campus P.E. Provider or designee:

1. A letter on Business Letterhead stating: (if new provider)
  - The purpose of the program
  - A typical weekly schedule for training and competition
  - A description of the type and intensity of the program
  - The levels of competition involved
  - Other pertinent information to include:  
Name, address, email address, phone number of trainer and training facility
2. A signed Provider agreement accepting responsibility for the grading procedure.
3. A grade report (Pass/Fail) for each six weeks. This must be submitted to the OCPE Coordinator for placement on the student's report card.
  - If the grade is not reported, the student will be given an "I" for incomplete work.
  - If the grade is not reported in a timely manner, the student will be denied the opportunity to participate in the program.
4. An activity log verifying that you monitored the activity (due every three weeks). The log is to be maintained by the student. This is not designed to produce more work for you, the provider. It should reflect:
  - A log of training, practice, tournament play or activity participation for each week.
  - Time, location, and length of training
  - Absences
  - Signature of student and trainer or coach.

For further information please contact the student's school counselor.

**TEKS for Physical Education: (FOR PROVIDER)**

**§116.55. Individual Sports (One-Half Credit).**

(a) General requirements. The recommended prerequisite for this course is Foundations of Personal Fitness.

(b) Introduction.

(1) In Physical Education, students acquire movement knowledge and skills that provide the foundation for enjoyment, continued social development through physical activity, and access to a physically-active lifestyle. The student exhibits a physically-active lifestyle and understands the relationship between physical activity and health throughout the lifespan.

(2) Students in Individual Sports are expected to participate in a wide range of individual sports that can be pursued for a lifetime. The continued development of health-related fitness and the selection of individual sport activities that are enjoyable is a major objective of this course.

(c) Knowledge and skills.

(1) **Movement.** The student develops the ability to participate confidently in individual sports. The student is expected to:

(B) consistently perform skills and strategies and follow rules at a basic level of competency.

(2) **Movement.** The student applies movement concepts and principles to the learning and development of motor skills. The student is expected to:

(A) use internal and external information to modify movement during performance;

(B) describe appropriate practice procedures to improve skill and strategy in a sport;

(C) develop an appropriate conditioning program for the selected sport;  
and

(D) identify correctly the critical elements for successful performance of a sport skill.

(3) **Social development.** The student understands the basic components such as strategies, protocol, and rules of individual sports. The student is expected to:

(A) acknowledge good play from an opponent during competition;

(B) accept the roles and decisions of officials;

(C) demonstrate officiating techniques; and

(D) research and describe the historical development of an individual sport.

(4) **Physical activity and health.** The student exhibits a physically-active lifestyle that improves health and provides opportunities for enjoyment and challenge during individual sports. The student is expected to:

(A) select and participate in individual sports that provide for enjoyment and challenge;

(B) analyze and evaluate personal fitness status in terms of cardiovascular endurance, muscular strength and endurance, flexibility, and body composition;

(C) analyze and compare health and fitness benefits derived from participating in selected individual sports;

(D) establish realistic yet challenging health-related fitness goals for selected individual sports;

(E) explain the interrelatedness between selected individual sports and a personal fitness program;

(F) describe two training principles appropriate for enhancing flexibility, muscular strength and endurance, and cardio respiratory endurance; and

(G) explain the effects of substance abuse on personal health and performance in physical activity such as side effects of steroid use.

(5) **Physical activity and health.** The student understands and applies safety practices associated with individual sports. The student is expected to:

(A) evaluate risks and safety factors that may affect individual sport preferences;

(B) identify and follow safety procedures when participating in individual sports; and

(C) describe equipment and practices that prevent or reduce injuries.

(6) **Social development.** The student develops positive personal and social skills needed to work independently and with others in individual sports. The student is expected to:

(A) evaluate personal skills and set realistic goals for improvement;

(B) respond to challenges, successes, and failures in physical activities in socially appropriate ways;

(C) accept successes and performance limitations of self and others;

(D) anticipate potentially dangerous consequences of participating in selected individual sports; and

(E) demonstrate responsible behavior in individual sports such as playing by the rules, accepting lack of skill in others.

*Source: The provisions of this §116.55 adopted to be effective September 1, 1998, 22 TexReg 7759.*

**TEKS for Physical Education:** (FOR PROVIDER)

**§116.56. Team Sports (One-Half Credit).**

(a) General requirements. The recommended prerequisite for this course is Foundations of Personal Fitness.

(b) Introduction.

(1) In Physical Education, students acquire the knowledge and skills for movement that provide the foundation for enjoyment, continued social development through physical activity, and access to a physically-active lifestyle. The student exhibits a physically-active lifestyle and understands the relationship between physical activity and health throughout the lifespan.

(2) Students enrolled in Team Sports are expected to develop health-related fitness and an appreciation for team work and fair play. Like the other high school physical education courses, Team Sports is less concerned with the acquisition of physical fitness during the course than reinforcing the concept of incorporating physical activity into a lifestyle beyond high school.

(c) Knowledge and skills.

(1) **Movement skills.**

(A) demonstrate consistency using all the basic offensive skills of a sport while participating.

(B) demonstrate consistency using all the basic defensive skills of a sport while participating.

(2) **Movement skills.** The student applies movement concepts and principles to the learning and development of motor skills. The student is expected to:

(A) use internal and external information to modify movement during performance;

(B) describe appropriate practice procedures to improve skill and strategy in an activity;

(C) develop an appropriate conditioning program for the selected activity;

(D) identify correctly the critical elements for successful performance within the context of the activity; and

(E) recognize that improvement is possible with appropriate practice.

(3) **Social development.** The student understands the basic components such as strategies, protocol, and rules of structured physical activities. The student is expected to:

(A) acknowledge good play from an opponent during competition;

(B) accept the roles and decisions of officials;

(C) demonstrate officiating techniques; and

(D) research and describe the historical development of an individual sport.

(4) **Physical activity and health.** The student exhibits a physically-active lifestyle that improves health and provides opportunities for enjoyment and challenge through team sports. The student is expected to:

- (A) select and participate in individual sports that provide for enjoyment and challenge;
- (B) analyze and evaluate personal fitness status in terms of cardiovascular endurance, muscular strength and endurance, flexibility, and body composition;
- (C) describe the health and fitness benefits derived from participating in selected team sports;
- (D) establish realistic yet challenging health-related fitness goals;
- (E) develop and participate in a personal fitness program that has the potential to provide identified goals; and
- (F) describe two training principles appropriate for enhancing flexibility, muscular strength and endurance, and cardio respiratory endurance.

(5) **Physical activity and health.** The student knows the implications and benefits from being involved in daily physical activity. The student is expected to:

- (A) discuss training principles appropriate for enhancing flexibility, muscular strength and endurance, and cardio respiratory endurance;
- (B) explain the effects of eating and exercise patterns on weight control, self-concept, and physical performance; and
- (C) explain the effects of substance abuse on personal health and performance in physical activity.

(6) **Physical activity and health.** The student understands and applies safety practices associated with team sports. The student is expected to:

- (A) evaluate risks and safety factors that may affect sport preferences;
- (B) identify and apply rules and procedures that are designed for safe participation in team sports;
- (C) identify team sports that achieve health-related fitness goals in both school and community settings; and
- (D) participate regularly in team sports.

(7) **Social development.** The student develops positive self-management and social skills needed to work independently and with others in team sports. The student is expected to:

- (A) evaluate personal skills and set realistic goals for improvement;
- (B) respond to challenges, successes, and failures in physical activities in socially appropriate ways;
- (C) accept successes and performance limitations of self and others and exhibit appropriate behavior/responses;
- (D) anticipate potentially dangerous consequences of participating in selected team sports; and
- (E) display appropriate etiquette while participating in a sport.

*Source: The provisions of this §116.56 adopted to be effective September 1, 1998, 22 TexReg 7759.*

**To Be Given To:**

**Marsha Vawter @ DES**

(for CSHS, CHS & CMS students)

**or**

**Jenna Chitwood @ CES**

(for DMS students)

Please place a checkmark (✓) in each box below to indicate acknowledgement

Application for PE Substitution for Middle School or High School

2010-11 Campus:  CSHS  CHS  DMS  CMS Counselor's name: \_\_\_\_\_

2010-11 Grade:  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

This application is for (check one):  both semesters  1<sup>st</sup> semester only  2<sup>nd</sup> semester only

This application is to be completed by the parent or guardian. Please provide all information requested.

PLEASE PRINT STUDENT'S FULL LEGAL NAME: \_\_\_\_\_

FIRST NAME MIDDLE NAME LAST NAME

- I am requesting that my student, be permitted to participate in a physical activity program as a substitution for P. E. instruction on the campus.
- I understand that this activity will be considered: (choose only one)
  - Category I (15 hours/week)
  - Category II (5 hours/week)
- The substitute program includes the physical activity: \_\_\_\_\_.
- The name of the trainer/coach is \_\_\_\_\_ and the training will take place at \_\_\_\_\_ training facility.
- I am requesting my student be released from \_\_\_\_\_ (1<sup>st</sup> or last) period (ONLY if Category I).
- I understand that my student **MUST** turn in weekly logs to his/her OCPE Coordinator every three weeks, according to specified due dates.
- I understand that my student **MUST** turn in an **OCPE Grade Reporting form** from the provider to his/her OCPE Coordinator every six weeks, according to specified due dates.
- I understand that if a grade is not submitted to his/her OCPE Coordinator by the trainer/coach by the designated deadline, my student may lose the opportunity to participate in OCPE.
- It is the responsibility of the student to provide his/her OCPE Coordinator a copy of his/her six weeks participation log no later than the last day of each six week grading period. Please consult your school counselor or your Off-Campus P.E. Coordinator for the exact date for each six weeks (page 20).
- I understand that if participation logs are not received by the stated deadline and there is not a noted exception in my student's file, my student WILL receive a failing grade.**
- I understand that I am responsible for transportation to and from the physical activity program and that the school district is not responsible for any contractual agreements with the trainer or coach.
- I understand that my student **MUST** have a current Permission and Release form on file (pages 18-19).
- I understand that my student **MUST** have a Fitness Assessment every year per Senate Bill 530 (page 17).

Submit this application for approval with all of the following: 1) letter from the coach/trainer (if not a preapproved provider), 2) Provider Agreement form, 3) Fitness Assessment Registration form, and 4) Permissions and Release form to: OCPE Coordinator, Jenna Chitwood (for DMS students) or Marsha Vawter (for CSHS, CHS & CMS students). For a list of pre-approved providers, see pages 5-6 of this information packet.

<b>For office use only:</b>	_____
Provider approved: _____ or	Parent Signature
Letter from new provider: _____ & date _____	_____
Provider agreement: _____	Student Signature
-----	_____
Supervisor Approval: _____ Date: _____	_____
Parent contacted: _____ Date: _____	Contact Number of Parent
Payment received: _____ Date: _____	_____
_____	E-mail address of Parent _____



# Carroll Independent School District

3051 Dove Road  
Grapevine, TX 76051

Phone (817) 949-7053, Fax (817) 949-7077

<http://www.southlakecarroll.edu>

Darrell Brown, Executive Director for Teaching and Learning Services

## HIGH SCHOOL PROVIDER AGREEMENT FORM

School Year: 2010-2011

To Whom It May Concern:

This letter is to inform you that \_\_\_\_\_

(print student's full legal name: First, Middle, Last)

has submitted an application to receive high school Off-Campus Physical Education credit through your program. In order for this student to qualify for this program through the District, you must agree to the parameters set forth by the Carroll Independent School District.

As a provider of Off-Campus P.E., you must comply with the parameters identified below.

**Please place a checkmark (✓) in each box below to indicate acknowledgement.**

- I agree to structure my teaching in a manner that fulfills the guidelines as developed in the Texas Education Knowledge and Skills (TEKS) curriculum.
- At the request of the student referenced above, I will provide a letter on business letterhead about my program along with contact information for myself.
- I will confirm, with my signature, practice activities and dates fulfilled by the student.
- I also am aware that it is the student's responsibility to have his/her activity log sheet completed daily and delivered to his/her campus counselor at the end of each 3-week period.
- I agree to give each of my students a Pass/Fail grade on the grade report provided to me by the student on the specified date of each six week's grading period as specified on page 24.

I, \_\_\_\_\_

(please print your full legal name on line above)

understand Carroll Independent School District's expectations for the Off-Campus Physical Education Substitution Program. I also understand my responsibility as a supervisor/coach.

\_\_\_\_\_  
Provider's Signature Date

Provider's facility address: \_\_\_\_\_

Provider's E-mail address: \_\_\_\_\_

**Please mail to:**

Durham Elementary School  
Attn: Marsha Vawter  
801 Shady Oaks  
Southlake, TX 76092

**Call if needed:**

817-949-4457 (PHONE)

817-949-4444 (FAX)

E-mail address: [vawterm@cisdmil.com](mailto:vawterm@cisdmil.com)



# Carroll Independent School District

3051 Dove Road  
Grapevine, TX 76051

Phone (817) 949-7053, Fax (817) 949-7077

<http://www.southlakecarroll.edu>

Darrell Brown, Executive Director for Teaching and Learning Services

## MIDDLE SCHOOL PROVIDER AGREEMENT FORM

School Year: 2010-2011

To Whom It May Concern:

This letter is to inform you that \_\_\_\_\_

(print student's full legal name: First, Middle, Last)

has submitted an application to receive middle school Off-Campus Physical Education credit through your program. In order for this student to qualify for this program through the District, you must agree to the parameters set forth by the Carroll Independent School District.

As a provider of Off-Campus P.E., you must comply with the parameters identified below.

**Please place a checkmark (✓) in each box below to indicate acknowledgement.**

- I agree to structure my teaching in a manner that fulfills the guidelines as developed in the Texas Education Knowledge and Skills (TEKS) curriculum.
- At the request of the student referenced above, I will provide a letter on business letterhead about my program along with contact information for myself.
- I will confirm, with my signature, practice activities and dates fulfilled by the student.
- I also am aware that it is the student's responsibility to have his/her activity log sheet completed daily and delivered to his/her campus counselor at the end of each 3-week period.
- I agree to give each of my students a Pass/Fail grade on the grade report provided to me by the student on the specified date of each six week's grading period as specified on page 24.

I, \_\_\_\_\_

(please print your full legal name on line above)

understand Carroll Independent School District's expectations for the Off-Campus Physical Education Substitution Program. I also understand my responsibility as a supervisor/coach.

Provider's Signature

Date

Provider's facility address: \_\_\_\_\_

Provider's E-mail address: \_\_\_\_\_

**DMS students - Please mail form to:**  
Carroll Elementary School  
Attn: Jenna Chitwood  
1705 W. Continental  
Southlake, TX 76092  
817.949.4313 (phone) or 817.949.4343 (FAX)  
e-mail: [chitwoj@cisdmil.com](mailto:chitwoj@cisdmil.com)

**CMS students - Please mail form to:**  
Durham Elementary School  
Attn: Marsha Vawter  
801 Shady Oaks  
Southlake, TX 76092  
817.949.4457 (phone) or 817.949.4444 (FAX)  
e-mail: [vawterm@cisdmil.com](mailto:vawterm@cisdmil.com)



## FITNESS ASSESSMENT REGISTRATION FORM

(Student MUST return this page with OCPE application)

Student's Full Legal Name: \_\_\_\_\_

Student's Campus: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dates available for fitness assessment (you must choose only one):

- |                          |                              |               |
|--------------------------|------------------------------|---------------|
| <input type="checkbox"/> | Saturday, September 25, 2010 | 9:00-11:00 AM |
| <input type="checkbox"/> | Saturday, October 23, 2010   | 9:00-11:00 AM |
| <input type="checkbox"/> | Saturday, February 19, 2011  | 9:00-11:00 AM |
| <input type="checkbox"/> | Saturday, February 26, 2011  | 9:00-11:00 AM |
| <input type="checkbox"/> | Tuesday, October 19, 2010    | 4:15- 6:15 PM |
| <input type="checkbox"/> | Tuesday, April 19, 2011      | 4:15- 6:15 PM |

Location: All fitness assessments will be conducted at the Durham Intermediate School gymnasium, 801 Shady Oaks, Southlake, TX 76092.

Please allow two (2) hours for your student's assessment.

**CARROLL ISD  
PERMISSION AND RELEASE**

I understand that my child, \_\_\_\_\_, a student at Carroll Independent School District ("District"), is receiving physical education credit for participation in activities otherwise unrelated to the District and off District premises. I understand that my child's participation in these physical activities is wholly voluntary and the District does not require my child to participate in these types of physical activities. I understand that the District provides opportunities for physical education credit at the District, but I choose to allow my child to participate in an outside physical activity instead of participating in District run physical education.

I understand that my child must comply with the Carroll ISD Student Code of Conduct and any rules and standards of conduct at his/her physical activity location. I understand that my child's failure to adhere to these rules and standards of conduct may result in discipline in accordance with the Student Code of Conduct and my child's dismissal from the physical activity.

I understand that the District has no control over the operations or premises of my child's particular activity. I further understand that my child will not be under the supervision of a District employee but will be under the supervision of a representative of the assigned activity while participating in the activity.

I recognize and understand that there are certain dangers and risks to which my child may be exposed by participating in the activity, including risk of physical injury. I understand that the District does not have medical personnel available at the activity locations. I want my child to participate in the activity despite the possible dangers and risks and despite this Release. I understand that the District assumes no responsibility for any injury, damage, or cost which might arise out of or in connection with the activity. I therefore agree to assume all of the risks and responsibilities that are in any way associated with the activity.

I give permission for my child to obtain his/her own transportation to his/her activity location, whether by driving his/her personal vehicle, driving a vehicle owned by me and/or my spouse, driving a private vehicle provided by a third party, or by riding in a private vehicle driven by a third party (together referred to as "personal transportation"). I agree that I am not entitled to any reimbursement for mileage or transportation costs from the District in transporting my child to the physical activity.

In consideration of the privilege of participating in the activity and the convenience of utilizing personal transportation, the receipt and sufficiency of which is hereby acknowledged, I, by my signature affixed below, individually and by next friend of the above named child, acting for myself, my minor child, my agents, heirs, beneficiaries, trustees, executors, successors, assigns, administrators, attorneys and legal representatives, do hereby **RELEASE, ACQUIT AND FOREVER DISCHARGE** the District, all of its employees, agents, trustees, volunteers, attorneys, and legal representatives, in their representative, official, and individual capacities, of and from any and all charges, complaints, grievances, claims, demands, causes of action, damages, loss, or expense, of whatsoever kind or character, in tort (**INCLUDING NEGLIGENCE OR NEGLIGENT OMISSION**), or in contract, that are created by or arise under state and/or federal statutes, constitutions, and/or the common law, whether known or

**CARROLL ISD  
PERMISSION AND RELEASE - page 2**

unknown, which may in any manner arise from or relate to the activity or the use of personal transportation. I hereby waive my rights to institute any action, claim or suit against and/or recover compensation, benefits, or damages from the District and/or the above-described persons and entities, and covenant and agree not to sue any such persons or entities regarding such claims in any court or tribunal and not file or aid in the institution or prosecution of any action, lawsuit, or cause of action (whether or not by direct action, counterclaim, cross-claim, or interpleader) regarding any claim released herein.

My signature below indicates my understanding of this Permission and Release and indicates my permission for my child to participate fully in the physical activity. I have carefully read this Permission and Release before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt by the District and shall be governed by the laws of the state of Texas.

---

Parent's Signature

---

Name (printed)

---

Date

## OFF CAMPUS PHYSICAL EDUCATION: IMPORTANT DATES

September 13, 2010 (practice logs due)  
October 4, 2010 (grades and practice logs are due)

October 25, 2010 (practice logs due)  
November 15, 2010 (grades and practice logs are due)

December 13, 2010 (practice logs due)  
\* **January 10, 2011** (grades and practice logs are due)

**\*This is a shortened calendar period due to the completion of the 1<sup>st</sup> semester and semester grades**

February 7, 2011 (practice logs due)  
February 28, 2011 (grades and practice logs are due)

March 28, 2011 (practice logs due)  
April 18, 2011 (grades and practice logs are due)

May 9, 2011 (practice logs due)  
**\*\* May 27, 2011** (grades and practice logs are due)

**\*\*This is a shortened calendar period due to the completion of the school year and final grades**

LOGS ARE DUE EVERY 3 WEEKS

LOGS and GRADES ARE DUE EVERY 6 WEEKS

**Communicate with your Off-Campus P.E. Coordinator**

**OCPE Coordinator for Dawson Middle School students:**

**Jenna Chitwood**

e-mail: [chitwoj@cisdmail.com](mailto:chitwoj@cisdmail.com)

**OCPE Coordinator for Carroll Senior High, Carroll High and Carroll Middle School students:**

**Marsha Vawter**

e-mail: [vawterm@cisdmail.com](mailto:vawterm@cisdmail.com)

Submit  
Every 3 weeks

**\*Submit log by the end of each 3 week grading period to Marsha Vawter at DES or Jenna Chitwood at CES. Log may be faxed directly to Marsha Vawter, FAX # 817 949-4444 or to Jenna Chitwood, FAX # 817.949.4343.**

Student's Name (please print)

Campus

3 Week grading period dates

Activity Site

Provider (please print)

Provider's Signature

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*For every day of physical activity, please put the date, specific activity, and time. The provider must also initial each date.**

Submit  
Every 6 weeks

**CARROLL INDEPENDENT SCHOOL DISTRICT  
Off-Campus Physical Education Grade Reporting Form**

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Student's ID #

\_\_\_\_\_  
School

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Activity Site

\_\_\_\_\_  
Activity Site Phone Number

Below are the dates that Grade Reporting Forms are due to the school campus. Forms **MUST** be received no later than 4:00 PM on the dates specified below. Remember to check the appropriate six-week grading period as follows and indicate "P" or "F" for Pass or Fail:

**SIX WEEK PERIOD**

(Please check one)

**\* DATE FORMS DUE TO:**

**Marsha Vawter - Coordinator for CSHS, CHS & CMS**

or

**Jenna Chitwood - Coordinator for DMS**

- 1<sup>st</sup> Six Weeks
- 2<sup>nd</sup> Six Weeks
- 3<sup>rd</sup> Six Weeks
- 4<sup>th</sup> Six Weeks
- 5<sup>th</sup> Six Weeks
- 6<sup>th</sup> Six Weeks

October 4, 2010  
November 15, 2010  
January 10, 2011  
February 28, 2011  
April 18, 2011  
May 27, 2011

\* Dates listed on the Grade Reporting form coincide with school calendar

**Activity Grade** \_\_\_\_\_ ( P / F ) pass/fail

\_\_\_\_\_  
Provider's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Off-Campus P.E. Coordinator

\_\_\_\_\_  
Off-Campus P.E. Coordinator

**Marsha Vawter (CSHS, CHS & CMS)**

or

**Jenna Chitwood (DMS)**

e-mail address:

[vawterm@cisdmail.com](mailto:vawterm@cisdmail.com)

e-mail address:

[chitwoj@cisdmail.com](mailto:chitwoj@cisdmail.com)

Mailing address:

Carroll ISD - Attn: Marsha Vawter  
Durham Elementary School  
801 Shady Oaks  
Southlake, TX 76092

Mailing address:

Carroll ISD - Attn: Jenna Chitwood  
Carroll Elementary School  
1705 W. Continental  
Southlake, TX 76092