



### 2016-2017

## Information Packet for Off-Campus Physical Education Substitutions For Middle School or High School

### **PURPOSE**

The purpose of the Off-Campus Physical Education (OCPE) program offered by Carroll Independent School District (CISD) is to accommodate students in 7<sup>th</sup>-12<sup>th</sup> grades who are making a serious effort to develop high level capabilities and to allow them to be involved in an off-campus program that provides training exceeding that offered in the school district.

### **PROGRAM DESCRIPTION**

The OCPE program is a cooperative arrangement between the CISD and an approved off-campus sponsoring facility/provider. Activities are defined as those in which a student works with either a single teacher/coach or with a team teacher/coach at an approved agency during the regular school year.

### **GENERAL REQUIREMENTS**

1. Students in grades seven (7) through twelve (12) will be eligible for consideration for the off-campus program. No students in elementary or intermediate school will be considered for the off-campus program.
2. Students will receive a maximum of one half (.5) credit per semester. (Confirm with your school counselor regarding PE credit requirements.)
3. A student may not participate in the OCPE program if the sport is offered as part of the CISD curriculum unless the student is released from or not placed on a team as part of the school program.
4. Students applying for OCPE will be considered under two categories:
  - **Category I** - this program requires a minimum of **fifteen (15) hours** per week of highly intense, professionally supervised training. Students qualifying at this level may be dismissed from school one period per day for such participation. The student will be required to follow this schedule for the entire semester.
  - **Category II** – This program is to be of high quality, well supervised by appropriately trained instructors, and consisting of a minimum of **five (5) hours** per week. Students participating at this level MAY NOT be dismissed from any part of the regular school day.

### **OCPE COURSE REQUIREMENTS**

1. Documentation (LOG SHEET) of attendance and OCPE activity must be submitted by stated deadlines. This should be completed by the student, and the OCPE Provider (coach/trainer) will initial/sign each session. The log sheet form is located in the OCPE packet.
2. Documentation (GRADE REPORT FORM) must also be submitted by stated deadlines. The Provider will assign a PASS/FAIL grade and sign the form.
3. Students are responsible for turning in all documentation to their OCPE Coordinator.
4. **If a student fails to meet program requirements (i.e. documentation on logs, turning logs and grade sheets in by due date), student may lose the option of participating in OCPE.**

### **APPROVED ACTIVITIES (PROVIDERS)**

1. Providers must be approved by the OCPE Coordinators.
2. The list of board approved providers and additional information can be found in the OCPE packet.

## FREQUENTLY ASKED QUESTIONS

**Q What are the approved activities available for Off-Campus PE?**

**A** Please see the list of approved activities/providers in the OCPE packet.

**Q Why is there a fee for OCPE?**

**A** This program is optional to students in CISD and the fee is to offset the cost associated with administering the program.

**Q Can an elementary or intermediate student be enrolled in OCPE?**

**A** No, the program is only open to students in grades 7 – 12.

**Q Who changes the student's schedule to reflect OCPE?**

**A** After the application is approved by the OCPE Coordinator and the payment received, the counselor at the student's home campus will change his/her schedule, providing they can create a schedule to accommodate the request to reflect OCPE.

**Q Is travel time included as part of the time requirement?**

**A** No, the student should not include travel time as part of the time requirement. Also, if a student works at the facility he/she may not count work hours towards the time requirement.

**Q Can the student include tournament play/competitions as part of the time requirement?**

**A** No more than 6 hours of tournaments/competitions per week may be included in the time requirements for Category ONE – 15 hours/week.

**Q May the student enroll in the OCPE program for part of the semester?**

**A** Participation must run concurrent with the school semester and continue throughout the entire semester.

**Q Can the student have more than ONE Provider/Activity?**

**A** No, only 1 Activity/Provider may be selected for OCPE. Credit will not be given for a combination of hours for 2 separate activities.

## APPLICATION PROCEDURE

- Student prints an application form, provider form, and release form from the OCPE packet.
- Upon completion, **FORMS and FEE** must be mailed or delivered to OCPE Coordinator as listed below. We must have both forms and payment to be enrolled in OCPE.
- After the paperwork is reviewed and the fee is received, a confirmation email will be sent to the parent. The campus Counselor will be notified. At that time the Counselor will put OCPE on the student's schedule.
- First semester application/fee must be received by **September 2, 2016** and second semester application/fee must be received by **January 13, 2017**. **No applications will be approved after these dates.**
- **Students will not be enrolled in OCPE until payment has been received and the annual application is completed. A new application must be submitted each school year.**
- Once approved the student must sign in/out with the Attendance Office if leaving campus for OCPE.

### FEES:

**An enrollment fee will be assessed for all students participating in OCPE. Payment can be made with a single payment of \$150 for two sessions or \$75.00 for one session. Please do not pay with cash.**

**Please make checks payable to Carroll ISD. Fees must be received before a student can be enrolled in OCPE.**

### For questions you may contact:

Jenna Chitwood (DMS students)  
Off-Campus PE Coordinator  
Carroll ISD  
2400 N. Carroll Ave.  
Southlake, TX 76092  
[jenna.chitwood@southlakecarroll.edu](mailto:jenna.chitwood@southlakecarroll.edu)  
FAX: 817-949-8262  
Phone: 817-949-8295

Marsha Vawter (CMS, CHS, CSHS students)  
Off-Campus PE Coordinator  
Carroll ISD  
2400 N. Carroll Ave.  
Southlake, TX 76092  
[marsha.vawter@southlakecarroll.edu](mailto:marsha.vawter@southlakecarroll.edu)  
FAX: 817-949-8262  
Phone: 817-949-8295

# **CISD Off-Campus Physical Education Application**

2016 - 2017 Campus:     CSHS                       CHS                       DMS     CMS

2016 - 2017 Grade:     12<sup>th</sup>    11<sup>th</sup>             10<sup>th</sup>    9<sup>th</sup>                       8<sup>th</sup>     7<sup>th</sup>

Counselor's name: \_\_\_\_\_

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.

**Student's Full Legal Name (Please Print):** \_\_\_\_\_

FIRST    MIDDLE    LAST NAME

- I understand that this activity will be considered: (choose only one)
  - Category I (15 hours/week)
  - Category II (5 hours/week)
  
- The OCPE Activity is: \_\_\_\_\_ PROVIDER is: \_\_\_\_\_.
  
- 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 ACTIVITY LOGS/GRADE SHEET FORMS MUST BE RECEIVED BY THE SPECIFIED DUE DATES OR MY STUDENT WILL RECEIVE A FAILING GRADE AND MAY LOSE THE OPPORTUNITY TO PARTICIPATE IN OCPE.**
  
- 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.
  
- I understand that the OCPE fee must be paid before my student can be enrolled in OCPE.

<p><b><u>For office use only:</u></b></p> <p>Provider approved: _____ or</p> <p>Letter from new provider: _____ &amp; Date _____</p> <p>Provider agreement: _____</p> <p>Supervisor Approval: _____ Date: _____</p> <p>Parent contacted: _____ Date: _____</p> <p>Payment received: _____ Date: _____</p>	<p>_____ Parent Signature</p> <p>_____ Student Signature</p> <p>_____ Parent Contact Phone Number</p> <p>_____ Parent E-mail address</p>
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**CISD PROVIDER AGREEMENT FORM**

**School Year: 2016-2017**

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 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 at each session and delivered to his/her OCPE Coordinator at the specified deadlines.
- 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 grading period.

I, \_\_\_\_\_, understand Carroll Independent School  
(please print your full legal name on line above)

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: \_\_\_\_\_

Provider's Phone number: \_\_\_\_\_

**DMS students - Please mail form to:  
Carroll ISD Administration Center  
Attn: Jenna Chitwood-OCPE  
2400 N. Carroll Ave.  
Southlake, TX 76092  
817-949-8295 (phone) or 817-949-8262 (FAX)**

**CMS, CHS, CSHS students – Please mail to:  
Carroll ISD Administration Center  
Attn: Marsha Vawter-OCPE  
2400 N. Carroll Ave.  
Southlake, TX 76092  
817-949-8295 (phone) or 817-949-8262 (FAX)**

## PERMISSION AND RELEASE

I understand that my child, \_\_\_\_\_, a student at Carroll Independent School District (“District”), is receiving physical education credit for participation in the “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,

PERMISSION AND RELEASE – page 2

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 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 19, 2016	(Activity logs due)
October 17, 2016	(Grades and activity logs are due)
November 7, 2016	(Activity logs due)
December 5, 2016	(Grades and activity logs are due)
February 6, 2017	(Activity logs due)
March 6, 2017	(Grades and activity logs are due)
April 17, 2017	(Activity logs due)
May 22, 2017	(Grades and activity logs are due)

**Submit Activity Log Sheets per Due Dates**

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

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

**Jenna Chitwood**

**e-mail:** [jenna.chitwood@southlakecarroll.edu](mailto:jenna.chitwood@southlakecarroll.edu)

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

**Marsha Vawter**

**e-mail:** [marsha.vawter@southlakecarroll.edu](mailto:marsha.vawter@southlakecarroll.edu)



# **OCPE**

## **Required Paperwork Forms**

**\*Blank Log and Grade Forms** are provided.  
Make extra copies for the year

**\*\*Students must submit paperwork by  
due dates to receive credit for semester.**

# ACTIVITY LOG SHEET

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

Student's Name (please print)	Campus	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"/>

Submit log by due date to the attention of Marsha Vawter (CMS, CHS, CSHS) or Jenna Chitwood (DMS) to CISD Administration Center, 2400 N. Carroll Ave., Southlake, TX 76092. Log may be faxed directly to OCPE FAX # 817-949-8262.

# CISD 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 grading period as follows and indicate "P" or "F" for Pass or Fail:

## **GRADING 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> Grading Period      **October 17, 2016**
- 2<sup>nd</sup> Grading Period      **December 5, 2016**
- 3<sup>rd</sup> Grading Period      **March 6, 2017**
- 4<sup>th</sup> Grading Period      **May 22, 2017**

\* 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)**  
e-mail address: [marsha.vawter@southlakecarroll.edu](mailto:marsha.vawter@southlakecarroll.edu)  
Mailing address:  
Carroll ISD Administration Center  
Attn: Marsha Vawter-OCPE  
2400 N. Carroll Ave.  
Southlake, TX 76092

or

**Jenna Chitwood (DMS)**  
e-mail address: [jenna.chitwood@southlakecarroll.edu](mailto:jenna.chitwood@southlakecarroll.edu)  
Mailing address:  
Carroll ISD Administration Center  
Attn: Jenna Chitwood-OCPE  
2400 N. Carroll Ave.  
Southlake, TX 76092

**CISD - Approved OCPE Providers**

<b>Program</b>	<b>Provider</b>	<b>Contact Person</b>
<b>Conditioning/ Wt. Training</b>	Hero Training Center	Darius Vega
	Impact Performance/Fitness	Thomas Alston
	Lifetime Fitness	Jay Wood
	Solana Club/Larry North Fitness	Shane Massey
	Sunstone Yoga	Jennifer Boncyk
	24 Hour Fitness	Craig Mrozek
<b>(Requires direct instruction from trainer/coach LIMITED TO CATEGORY II)</b>		
<b>Archery</b>	Cinnamon Creek Archery	Charles Yardley
<b>Dance</b>	All Star Dance Academy	Tiffany Teague-Morgan
	Artistry in Motion	Jillian Teague
	Dana's Studio of Dance	Dana Bailey
	Dance Axiom	Devin Cash
	Early Springs Dance Conservatory	Sky-Marie McDonald
	Etgen-Atkinson School of Ballet	Bill Atkinson
	Lifesong Studio	Kim Franks
	Majestic Dance Academy	Donna Oas
	Marina Almayeva Sch. of Classical Ballet	Marina Almayeva
	Next Step Dance Perf. Center	Michelle Stafford
	North Central Ballet	Les Jordan
	Studio A Dance	Stacey Kniff/Wendy Jenkins
	Texas Ballet Theater School	Lyndette Galer
The Acting Studio	Kellie Carroll	
Prestige Dance and Performance	Jen Kral	
<b>Diving</b>	GC Divers	Krista Klein
<b>Equestrian</b>	Bar-NS Ranch	Lisa Barnes
	Brawley Farms	Bob Brawley
	CSC Farm	Courtney Calcagnini
	Foxglen	Jim and Joan Hensen
	Hidden Brook Farm	Robyn Collins
	Hidden Lake Farm	Nicole Aloan Keightley
	Hillcrest Farms	Rebecca Wilson
	Kenda Firkins Horsemanship/Trail Co.	Kenda Firkins
	Lodestar Stables	Melissa Maitland
	Outlaw Performance Horse Training	Marcus Wadley
	Ride with Pride	Doreen Bruton/Kelli Hurst
	Roark Stables	Jerry Kulow
	Showtime Farms	Dayle Binder/Colleen Acosta
	Sliding K Performance Horses	Kimberly Ferguson
	Suncastle Stables	Sandy Murrell
	Talisman Stables	Jenna & Becky Vanerstrom
	Tom McCutcheon Reining	Tom McCutcheon
Westlake Show Stables	Glenn Ronden	
Western Star Smith Ranch	Stacy Smith	
Woodhill Farms	Matt Cyphert	

<b>Fencing</b>	Gold Blade (aka La Touche Fencing)	Lorinda Gomez
<b>Golf</b>	Cowboys Golf Club Jeff Isler Golf Academy Jim McLean Golf Shawn Humphries Golf Perf. Sinclair Golf Sky Creek Ranch Timarron Country Club Troy Lewis Golf Trophy Club CC Vaquero Country Club	Britt Sharrock Jeff Isler Justin Poynter Shawn Humphries Jon Sinclair Amanda Waddell Paschal Begen/Matt Blake Troy Lewis Lynn Monzingo Richard Hare
<b>Gymnastics/Cheer</b>	ANS Rhythmic Champion Cheer Cheer Athletics Empire Gymnastics Gymnastics Plus Pro Elite All Star Gymnastics Southlake Gymnastics Academy Spirit Extreme Spirit of Texas Sunbelt Gymnastics Texas Dreams The Palaestra (Trampoline/Tumbling) Top Flight US Gold Gymnastics	Petra Simpson James Johnson/Richard Landers Debby Rogers/Bryan Carter Chris Brashier Deana Pueblo Dustin Tomlin/Adam Mickleson Michelle and Mark Seyler Walter Meriwether Brad Vaughan Ron Bartusiak Peggy Davis Becki Weathers LeAnn Sweny Tina Martin
<b>Hockey</b>	Dr. Pepper Stars Center Nytex Sports Center Grapevine Polar Ice Hockey Club Dallas McLean Hockey Training Tri-City Americans Valley Ranch Ice	Jeff Blumer Jennifer Anderson  Jared Yost Ryan McLean Stu Barnes
<b>Ice Skating</b>	Dr. Pepper Star Center Nytex Sports Center	Darlene Cain Jennifer Anderson
<b>Lacrosse</b>	Southlake Lacrosse	Bart Sullivan/Faith Richards
<b>Martial Arts/ Wrestling</b>	F-3 Fitness Fight Factory J Tiger Premier Martial Arts Pro Taekwondo Southlake Taekwondo Spicar Martial Arts United Studios of Self-Defense	Johnny Bedford/Dave Lehman Jang Lee Bill Chinn Daryl Rhyne Jessica Boyer Adam Spicar Vincent Ness

<b>Rock Climbing</b>	Summit Climbing Gym	Kyle Clinkscales
<b>Rowing</b>	Dallas United Crew Founders Rowing Club	John Gartin Matthew Naifeh
<b>Sailing</b>	Grapevine Jr. Sailing Program	Mike Lipari
<b>Swimming</b>	Lakeside Aquatic Club Pirouettes of Texas Southlake Stingrays Swim Prog. Synchronicity	Heather Maher Medley Butterfield Lynne Anderson Nicole Austin
<b>Soccer</b>	Andromeda FC Dallas Texans Soccer FC Dallas Soccer Solar Chelsea ECNL Solar USSF Academy	Kevin Fralicks Nipper Thornber Chris Ring Derek Missimo Kevin Smith
<b>Target Sports</b>	Fort Worth Trap and Skeet	Rick Collin
<b>Tennis</b>	Brookhaven Country Club Dragon Tennis Hilton DFW Lakes LH Tennis Margaret Phillips Tennis NRG Tennis Academy Southlake Tennis Center	Dave Ware Paul Wagner Chris Giordana Linda Hayes Margaret Phillips Brad Locke Stephen Poorman
<b>Volleyball (Beach)</b>	692 Yucatan Bivin Sadler Volleyball TAV  Tejas Volleyball Club	Dr. Scott Stover Bivin Sadler Christine Phillip/John Sample Lauren Pavloske Philip Anderson
<b>Water Polo</b>	Thunder	Joe Linehan

**Other providers may be available. Please contact your OCPE coordinator.**

# 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 grading period. 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 on specific dates). 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.



**§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:

(A) 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.

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

- (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.*

**§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.

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

- (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.

***PLEASE NOTE:***

***DURING THE SUMMER MONTHS***

***JUNE 6–AUGUST 4***

***PLEASE MAIL OR DROP OFF ALL  
APPLICATIONS AND CHECKS TO:***

***CARROLL ISD  
ATTN: OCPE PROGRAM  
2400 N. Carroll Ave.  
Southlake, TX 76092***

***The Carroll Administration Center is open  
Monday – Thursday in the summer.  
THANK YOU.***