

**OFF-CAMPUS INDEPENDENT STUDY PHYSICAL EDUCATION (OCIS PE)
2017-18**

Students and Parent(s):

The calendar below lists deadlines for the 2017 – 2018 school year. We request that you adhere to this schedule. Appeals of this timeline may be made to the site Assistant Principal/Athletic Director.

2017 - 2018		
	<u>1st Semester</u>	<u>2nd Semester</u>
Announcement of forms availability	Beginning Apr 17	Beginning October 2
Application return deadline	June 30	November 3
Notification of conditional approval or denial	July 7	November 14
Appeals deadline	July 14	November 15
Appeals Committee meets	July 17	November 27
Notification of decision	July 21	December 1
Final date for Coaching Certification	July 24	December 4
New Student Application Deadline (no appeals)	July 7	

Following are the items which must be on file by the application deadline to be considered for approval:

- Application form (completed)
- Signatures of student, parent, and coach/instructor where needed on the application
- Student qualifications
- Proof of coach/instructor certification by state or national coaching organization providing outside instruction
- *Proof of up-to-date First Aid certification by coach(es)/instructor(s)
- *Proof of up-to-date CPR certification by coach(es)/instructor(s)
*If the certification is to expire during the semester, renewed certification or proof of registration to enroll in the certification class **must** be provided.
- Fingerprint Clearance for coach(es)/instructor(s) through CNUSD.
- Blood borne pathogens training for coach(es)/instructor(s) through CNUSD

Additionally, students **must** pick up **Time Sheet Logs** which are to be completed and are due every grading period in the Athletic Director's Office. It is the responsibility of the student to bring these in to the office at the time they are due. Students will have an incomplete in OCIS PE until the time that they bring the log in with the necessary hours (minimum of 15 hours per week for high school and 10 hours per week for middle school). Not meeting the minimum hours will result in receiving a grade of "F" in the OCIS PE class.

The due dates for these logs are adjustable by the site athletic director:

- September 5, September 22, October 31, December 1
- January 22, March 19, May 1, May 18

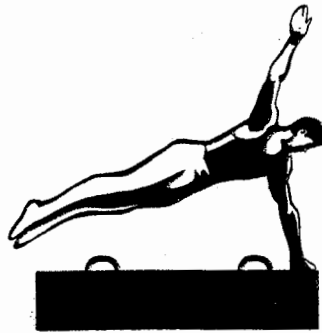
If you or your parents have any questions, please come in to the office and speak with the Athletic Director. Please sign and return all forms to the Athletic Director's Office. We will make you a copy of this sheet at that time for ready reference. Thank you!

I have read the above guidelines and understand them.

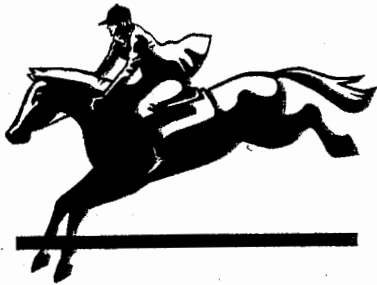
Parent Signature

Student Signature

Date



Off-Campus Independent Study
Physical Education
Packet



Corona-Norco Unified School District
Off-Campus Independent Study
Physical Education

INFORMATION/APPLICATION

A request for off-campus independent study (OCIS) physical education allows the student advanced study in activities not normally received in the on-site physical education program.

Off-campus independent study physical education must be a significantly different program that involves an activity in which the application has become competitive at a state or national level. (In the case of dance, participants must be involved in ongoing performances in the pursuance of a career in the performing arts.)

The nature of this activity must provide training and a practice schedule (minimum of 10 hours per week required for middle school or 15 hours per week required for high school) that indicates the applicant is a serious participant. A major factor in determining acceptance or rejection of this request will be the difference between a recreational and a competitive program.

Currently, the following competitive sports have been approved* by the District for the Off-Campus Independent Study – Physical Education Program:

- | | |
|--------------|----------------|
| ❖ Dance | ❖ Ice Skating |
| ❖ Equestrian | ❖ Martial Arts |
| ❖ Gymnastics | ❖ Swimming |
| ❖ Ice Hockey | ❖ Tennis |

**Other sports may be approved if they meet all the guidelines of the District and the PE framework including aerobic activity and flexibility.*

Attached are the documents necessary for participation in O.C.I.S.P.E. **Please complete and return to the Athletic Director's Office no later than the application return deadline. All of the following conditions must be met prior to O.C.I.S. status:**

- P.E. Off-Campus Independent Study Application form (page 3)
- Signatures of student, parent, instructor (page 4)
- Student's statement of qualifications (page 5)
- Instructor's statement of qualifications for supervision of activity (page 6)
- Proof of certification by state or national coaching organization providing outside instruction
- Proof of current CPR/First Aid certification by instructors/coaches. Your student will be accepted into the O.C.I.S.P.E. program on a provisional basis if the instructor/coach provides proof of registration in an approved CPR course and expected completion date of the course. The required certification must be on file by the Coaching Certification deadline.
- Learning plan completed by the instructor (page 7)
- Completion of blood-borne pathogens in-service
- Fingerprint clearance

If a request for Off-Campus Independent Study – Physical Education is denied, an appeal may be made by submitting a letter to the designated site administrator. This letter of appeal should specifically address how the proposed activity meets the District criteria and/or reasons why the request should be reconsidered.

Your appeal will be reviewed by the District O.C.I.S. Appeals Committee and you will be notified of the status of your appeal according to the date listed on the O.C.I.S. calendar.

If your application or appeal is approved, you must set up a meeting with Athletic Director's Office to complete the forms required by the District.

Corona-Norco Unified School District
Off-Campus Independent Study
Physical Education

GUIDELINES

A total of 40 credits may be earned in Off-Campus Independent Study – Physical Education provided the student continues to satisfy all program requirements.

A student cannot concurrently be enrolled in a site physical education class and in Off-Campus Independent Study – Physical Education. (i.e. A swimmer cannot be enrolled in an independent study course for swimming while also being involved in the high school swimming program during the swimming season of sport.)

Students in grades 7 – 11 must take 6 classes that can include O.C.I.S.P.E. Twelfth grade students must be in 5 classes that can include O.C.I.S.P.E. If students are off-roll taking O.C.I.S.P.E., it must be at the beginning or end of day, not during the day.

**Corona-Norco Unified School District
Off-Campus Independent Study
Physical Education**

APPLICATION

Please read the attached information regarding criteria and procedures for application for students desiring to substitute off-campus athletic participation for daily physical education instruction.

Student Name: _____ Grade: _____

School: _____

Home Address: _____

Home Phone: _____

Parents Names:

Father: _____

Daytime Phone: _____

Mother: _____

Daytime Phone: _____

Grading Period for Application:

School Year: _____

Semester 1

Semester 2

Trimester 1

Trimester 2

Trimester 3

* * * * *

(For office use only)

Application Approved

Application Denied – Reason _____

Date

Principal's Signature

**Corona-Norco Unified School District
Off-Campus Independent Study
Physical Education**

VERIFYING SIGNATURES

Trained specialist under whom activity is performed:

Name: _____ Title: _____

Business Address: _____

Telephone: _____ Times Available: _____

Organization with which activity is affiliated: _____

Student's Responsibility (To be completed by the student)

I understand it is my responsibility to attend the activity as outlined for a minimum of 10 hours per week (middle school) or 15 hours per week (high school) and meet standards expected by the instructor. I understand that I must submit time sheet logs during the last week of every five weeks. **I UNDERSTAND THAT I WILL LOSE ALL HOURS EARNED AND RECEIVE A FAIL/UNSATISFACTORY IF I LEAVE THE PROGRAM FOR ANY REASON WITHOUT IMMEDIATELY NOTIFYING THE INDEPENDENT STUDY COORDINATOR.**

Date

Signature of Student

Parent's Awareness (To be completed by the parent)

I acknowledge that the District does not investigate the site of the activities of any program to assess potential for injury. I accept full responsibility for any injury which might occur in this activity. I am aware that, if my son/daughter fails to meet the attendance requirements set by the Corona/Norco Unified School District, the standards set by the instructor, and the 10 hours per week minimum (middle school) or 15 hours per week (high school), he/she will not meet the quarter/trimester requirement for P.E. nor receive credit.

Date

Signature of Parent

Instructor's Approval (To be completed by the outside activity instructor)

I certify the above-named student attends, participates in, and meets the standards of the activity set by the instructor. I am also accepting the responsibility for personally writing nine week/quarter or twelve week/trimester evaluations, as well as keeping track of the student's Off-Campus Independent Study Physical Education hours in which I personally supervise the student's activity. Grades will be based on the student's performance and progress.

Date

Signature of Instructor

**Corona-Norco Unified School District
Off-Campus Independent Study
Physical Education**

STUDENT'S QUALIFICATIONS

Student's name: _____ Telephone: _____

Address: _____

Organization with which activity is affiliated: _____

1. Describe the training which qualifies you for this level of activity.

2. List the local, state, and national competitions in which you have participated.

3. What level of achievement are you hoping to attain?

**Corona-Norco Unified School District
Off-Campus Independent Study
Physical Education**

INSTRUCTOR'S QUALIFICATIONS

(To be completed by the outside activity Instructor)

Name: _____ Title: _____

Business Address: _____

Telephone: _____ Times Available: _____

Organization with which activity is affiliated: _____

1. Describe the training which prepares you to supervise this activity.

2. Describe your experience supervising students in this activity.

3. In what current position are you employed which qualified you to supervise this student?

4. Please attach to this form a copy of:

- ❖ Proof of certification by state or national coaching organization
- ❖ Proof of up-to-date first aid/CPR certification
- ❖ Blood borne pathogens training*
- ❖ Fingerprint clearance*

*Contact the Corona-Norco Unified School District at 951-736-5060 if you need assistance in obtaining these.

**Corona-Norco Unified School District
Off-Campus Independent Study
Physical Education**

LEARNING PLAN

1. Amount of time/participation planned for this activity each week.

2. Where will instruction take place?

3. Specific objectives for this semester/trimester.

4. In what state, regional, or national competition(s) has this student previously participated?

5. What is the student's current competitive level?

6. What state, regional, or national competition(s) will the student participate in this semester?
