



Redlands Unified School District
Independent Study – Physical Education
Contract

Student Name: _____ School: _____

The undersigned have requested the opportunity to have the student named participate in a Physical activity in lieu of participation in a regular physical education class or program at their school of residence.

The undersigned have read, understand, met and agree with the following terms and conditions:

1. The student applicant is enrolled as a student in the Redlands Unified School district at the 7th to 12th grade level.
2. The student’s parents/guardians currently reside in the boundaries of the Redlands Unified School District or have completed and had approved a request for an inter-district transfer.
3. The maximum length of the contract is for one (1) year, but may be renewed yearly by re-application.
4. All conditions of the contract must be completed before credit for the program may be issued. A minimum of 10 hours per week in daily physical activities related to the program is required. Failure to meet the conditions of the contract shall result in a drop from the program and loss of credit for the semester in progress.
5. The student applicant shall maintain a daily log of activities, which accurately reflect the student’s activities and attendance record. The “Daily Activity Logs' ' shall be reviewed and signed by the coach/instructor approved on the “Contract” and submitted to the Director of Secondary Education at the the District Office at the end of each grading period.
6. The coach/instructor shall complete a “Student Evaluation Form,” which will be submitted to the Director of Secondary Education at the District Office at the end of each grading period. Based on the coach/instructor’s evaluation, the Director of Secondary Education will assign credit and notify the student’s school of the credit.

By signing below, we acknowledge receipt of Board Policy 6158.11 – Independent study Physical Education and acknowledge that our student is engaged in a District recognized and approved participation program for national, international or professional competition.

Parent/Guardian Signature _____ Date: _____

Student Signature _____ Date: _____

Coach/Instructor Signature _____ Date: _____

Approved by:
Director of Secondary Education _____ Date: _____



**Redlands Unified School District
Independent Study – Physical Education**

Individual Plan

Student Name: _____ Telephone Number: _____

Address: _____ City: _____ Zip: _____

School: _____ School Year: _____ Grade: _____

Type of Activity:

Group/Club Name: _____

Name and Title of Coach/Instructor: _____

Reason(s) for requesting Independent Study – P.E: (be specific)

Statement of long range goal(s): (goals to accomplish by the end of the year, be specific)

Statement of intermediate goal(s): (goals to accomplish during this year, be specific)

Student Name: _____

Timeline for the achievement of the goal(s) listed:

List of activities and amount of time spent in each on a daily basis, by which you will achieve the listed intermediate and long-range goals.

Activity	Hours/Week
TOTAL HOURS PER WEEK	

Plan Completed By

Student
 Signature: _____
 Parent/Guardian
 Signature: _____

Plan Reviewed By

Coach/Instructor
 Signature: _____
 Principal
 Signature: _____

****All signatures must be obtained prior to submitting for approval****

Plan Approved by

Director of Secondary Education: _____ Date: _____

Office Use Only | Site Notified: _____ | Student Notified: _____ | File Created: _____ | Secretary's Initials: _____



**Redlands Unified School District
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Coach/Instructor Resumé

Name : _____ Title/Position: _____

Telephone Number where Coach/Instructor can be reached: _____

Group/Club Name: _____

Address: _____ City: _____ Zip: _____

Name of Group/Club Owner or President: _____

Telephone Number of Group/Club: _____

Attaching a resumé is acceptable if it includes all of the following information.

Professional Preparation:

Previous Positions/Assignments/Employment:

Membership in Professional Organizations:

Additional information you feel is pertinent:

Coach/Instructor Signature: _____ Date: _____