

**OFF-CAMPUS PHYSICAL EDUCATION
EQUIVALENT PROGRAM**

HIGH SCHOOL APPLICATION PACKET

Please return completed packet: Secondary Health and Physical Education
Hattie Mae White Educational Support Center
4400 West 18th Street, \Houston, Texas 77092-8501



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Houston Independent School District
Hattie Mae White Educational Support Center
4400 West 18th Street
Houston, Texas 77092-8501
Web site: www.houstonisd.org

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Dear Parents,

The Houston Independent School District's (HISD) Off-Campus Physical Education Equivalent Program (OCPEEP) provides an opportunity for **students in grades 9-12** to receive credit for participation in an off-campus, physical education/athletic program. Texas Education Agency (TEA) authorized HISD to substitute participation in private or commercially sponsored athletic/training programs for the state-required high school physical education graduation credit.

OCPEEP requests will be considered for the state-required high school physical education graduation credit according to the TEA Commissioner's criteria for Category 1 and Category 2. OCPEEP requests must also meet the HISD criteria, designed to ensure the safety and well-being of each student seeking program approval. The Health/Physical Education Department will be responsible for supervising the requirement standards to assure that each student receives a quality, off-campus physical education/athletic program. The OCPEEP structure is utilized as an approved substitution to meet the Physical Education requirements set by HISD and TEA.

To assist in making decisions as to whether a program approval may be granted, HISD will follow the guidelines of TEA to interpret the law as stated in Texas Administrative Code (TAC) Chapter 74: It is the intention of the Texas Education Agency that the various off campus substitutes for the physical education requirement be "appropriate" for Category 2 and of "exceptional" or "high" quality for Category 1. The term "appropriate," implies, among other things, **that the substitute activity is in congruence with the Physical Education Texas Essential Knowledge and Skills (TEKS) as closely as possible, if not above and beyond the rigor of the standards.**

The district's Health/Physical Education Department must approve the program, agency, and instructor(s) before the student's application will be approved. Since the district receives a very small number of requests, agencies will be reviewed and approved on a case by case basis. Therefore, it is important that the **entire application** is completed upon submission.

Please follow the steps below

1. Parents, students, principal or designee (counselor) and approved agency instructor/coach must sign and complete their portion of the application.
2. **Return the completed packet for program approval on or before the third Monday in May of the current school year for participation during the fall and/or spring semester of the following school year to:**

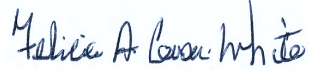
Houston Independent School District
Attention: Manager, Health/Physical Education
4400 W. 18th St.
Houston, TX 77092

3. Parents and students will be notified, via email from the manager of Health/Physical Education Department, to confirm the approval status of the OCPEEP request.
4. School counselors will be notified, via email from the manager of Secondary Health/Physical Education Department, to confirm student approval status in order to begin the process for schedule changes.

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All applications will be carefully considered; however, completing the application does not guarantee district approval to participate in the Off-Campus Physical Education Equivalent Program.

Sincerely,



Felicia Ceaser-White, Manager
Health and Physical Education K-12
713-556-6823
713-556-6898 (fax)
fceaserw@houstonisd.org

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REQUIREMENTS FOR OFF CAMPUS PHYSICAL EDUCATION EQUIVALENT PROGRAM

Student Requirements

1. All documentation from parents, agency/instructors, and counselors must be submitted by the required deadlines, which are on or before the third Monday in May of the current school year for participation during the fall and/or spring semesters of the following school year. Delinquent information will result in denial of the OCPEEP request. **Students must reapply for an off campus physical education waiver each school year to be considered for the program.**
2. The student must meet **all criteria** for either Category 1 or Category 2.
3. Students are required to participate at least 15 hours per week for Category 1 and 5 hours per week for Category 2 during the school semester. Category 1 participants must submit a student athlete member card from an approved national organization such as USA Gymnastics.
4. Please note that the instructor is responsible for maintaining documentation to verify the student's hours of participation and attendance for each week of the six-week reporting period. Students must attend at least 90% of the time for each grading period to receive a passing mark.
5. Students may only participate with one agency/instructor at a time. Summer activities will not be counted to meet physical education requirements.
6. Students may not be enrolled in a physical education class and the Off-Campus Physical Education Equivalent program at the same time.
7. **Students must complete a required Physical Education Journal with district-approved topics to show accountability of learned Physical Education Texas Essential Knowledge and Skills (TEKS). These topics will be discussed and assigned by the instructor. Students may be asked to turn in the journal to their counselor, school designee or to the Manager of Secondary Health/Physical Education.**
8. **Students are required to complete the physical fitness testing during participation in the OCPEEP. Scores are to be submitted by the instructor/coach at the end of each semester.**
9. **Students must participate at the approved agency for the entire semester or transfer into a general PE class to receive credit for Physical Education.**
10. **It is the responsibility of the student and parent to notify the school counselor and HPE Office in writing within three (3) school days if there is a change in the student's program and/or schedule.**

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Agency/Instructor Requirements

1. The instructor/agency must set up an interview with the Manager of Secondary Health/Physical Education (713-556-6891). **The agency must provide documentation that is listed on the Agency Checklist before approval will be granted.** (pg. 11)
2. The instructor must be “appropriately trained” for Category 2 or “exceptionally trained” for Category 1 meaning the instructor must provide current certification and/or documentation of training and experience in his/her sport or training program, including CPR/AED/FA certification.
3. The instructor/agency must show verification of a criminal background check that supports district guidelines.
4. The agency must be located within 30 miles of the HISD boundaries.
5. Students must be “well supervised” by the instructor, meaning the instructor must always be present during the scheduled activity to provide guidance, instruction and safety.
6. Instructors must teach and discuss the agreed upon Physical Education TEKS during scheduled practices. The Instructor is responsible for assigning at least one written assignment per week based on the topic of discussion.
7. Instructors must provide the required documentation to the student’s counselor or school designee by the given deadlines for each reporting period (activity log, hours of participation, attendance and grades).
8. **Instructors must notify (ASAP) the Manager of Health/Physical Education and the school counselor, in writing within three (3) days, if the student chooses to *no longer participate in his/her chosen program*; is not meeting the 90% attendance requirement per grading period; and if appropriate, a change in team roster. Place a “W” (withdraw) on the grade sheet for students not completing the program.**
9. Instructors must give a grade that meets the guidance of the HISD grading scale. Grades must be recorded on the grade sheet only as **numeric** scores. Letter grades may be marked on individual student assignments, but the teacher must also indicate the numeric value assigned to that letter grade (e.g., B/82). The following conversion table should be used to convert the letter grades to numeric equivalents:

A+ = 98	B- = 82	D+ = 74
A = 95	C+ = 79	D = 72
A- = 92	C = 77	D- = 70
B+ = 88	C- = 75	F = 60
B = 85		0 = 0

All grades must be submitted to the school counselor by the end of each semester. **Grades turned in late after the second offense will result in the agency being removed from the program.**

10. Lost participation time due to inclement weather must be made up during the same week. Alternative instruction inside is acceptable.

The HISD Health & Physical Education Manager will grant or deny instructor and agency petitions based on students meeting the instructor and agency's criteria and certification. In addition, agencies must provide clean, safe environments that provide exemplary student and/or athlete supervision. The HISD Health & Physical Education Manager or district designee will perform unannounced site visits. The Health & Physical

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Education Manager may remove instructors or agencies from the approved list for non-compliance with the terms of this document.

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District Criteria for the Off-Campus Physical Education Equivalent Program

Students must meet the following criteria to be eligible for the Off-Campus Physical Education Equivalent Program.

Category 1: Athletic/Training Program for State, National, or Professional Ranking or Olympic Competition.

- ☞ Any athletic/training program that is of higher level than the District can provide.
- ☞ The student must participate in the substitute activity that is in congruence with the Physical Education TEKS as closely as possible, if not above and beyond the rigor of the standards (TAC) Chapter 74.
- ☞ The student who trains for 15 or more hours per week during the school semester is eligible to miss one school period.
- ☞ The student must not miss any class other than a scheduled physical education class (usually the first or last period of the day).
- ☞ The student must be training for some type of state, national, or professional ranking, or for Olympic competition.

Category 2: A Private or Commercially-Sponsored Physical Activity or Training Program

- ☞ The student must participate in the substitute activity that is in congruence with the Physical Education TEKS as closely as possible, if not above and beyond the rigor of the standards (TAC) Chapter 74.

☞ Recreation leagues will not be approved.

- ☞ The student is required to participate at least 5 hours per week during the school semester.
- ☞ Students participating at this level may not be dismissed from any part of the regular school day.

APPROVED PHYSICAL EDUCATION ACTIVITIES

The following activities are considered for approval:

Aquatics	Fencing	Ice Skating
Archery	Field Hockey	Lacrosse
Diving	Gymnastics	Martial Arts
Equestrian	Ice Hockey	

✓ Approval for OCPEEP will not be considered for participation in a sport for which the district fills a University Interscholastic League (UIL) team. Physical education credit will be given for participation in non-UIL activities on campus that sanction a club in that activity.

✓ The district offers the following UIL Sports. The sports listed below CANNOT be considered as OCPEEP:

High School	
Baseball	Soccer
Basketball	Softball
Cross Country	Swimming
Cheerleading	Tennis
Dance	Track & Field
Drill Team	Volleyball
Football	Weightlifting
Golf	Wrestling

This form must be completed and signed before approval will be considered to acknowledge the understanding of the Off-Campus Physical Education program criteria and requirements.

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TO BE COMPLETED BY STUDENT

Completed packets must be returned to Secondary HPE on or before the third Monday in May of the current school year for participation during the fall and/or spring semesters of the following school year. Delinquent information will result in denial of the OCPEEP request.

CATEGORY 1 (15 HOURS PER WEEK)

CATEGORY 2 (5HOURS PER WEEK)

Print or Type all information

Student Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Parent(s) or Guardian(s) Name:			
Street Address:			
City:		Zip Code:	
Telephone # :	Parent Email (if applicable):		
Campus:	Grade Level:	Student ID #	
I am applying for approval for the :		Application Year:(ex: 2015-2016)	
<input type="checkbox"/> Fall Semester Only <input type="checkbox"/> Spring Semester Only <input type="checkbox"/> Both			
Have you participated in high school OCPEEP prior to this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list the school year(s). (ex: 2014-2015)	
OCPEEP Sport or Activity applying for (i.e. Gymnastics):			
Counselor's Name:		Telephone #:	
School Fax #:	Counselor's E-mail Address:		

Student Signature Date

Parent/Guardian Signature Date

School Counselor Signature Date

Principal Signature or Designee (School Counselor) Date

Instructor's Signature Date

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REQUEST FOR SPECIAL SCHEDULING (CATEGORY 1 ONLY)

I am applying for approval to the Category 1 OCPEEP. If accepted, I would like to request the following arrangements to schedule time necessary for extensive Olympic-type training as outlined in the program criteria.

(Only students participating in Category 1 may be considered to miss any part of the regular school day).

Check only one. These options are subject to the approval of the school's principal.

- Late Arrival Early Dismissal Neither

To be completed by the instructor.

I have attached to this document one or more of the following:

_____ a copy of the entry form for state or national competition for this student; or

_____ a publication which verifies this student's state or national athletic status or rank;

or

_____ a copy of this student's state or national athletic certification, which verifies state or national athletic status or rank

Signature of Instructor: _____ Date: _____

Student Signature Date

Parent/Guardian Signature Date

School Counselor Signature Date

Principal Signature or Designee (School Counselor) Date

TENTATIVE SCHEDULE TO BE COMPLETED AND SIGNED BY THE INSTRUCTOR

Student's Name: _____

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Student's School: _____

OCPEEP start date: _____ OCPEEP end date _____

The instructor must complete the following schedule for the participant to verify at least five hours of participation for Category 2 and at least 15 hours of participation for Category 1. Participation time lost due to inclement weather must be made up within the same week.

Fall Semester Only Spring Semester Only Both Semesters

	Category 1 & 2					Category 1 ONLY	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Beginning Time							
Ending Time							
Total Hours							

Facility Name:	Telephone #:
Street Address:	
City:	Zip Code:
Website Address (if applicable):	
Instructor Name:	Cell/Office Telephone #:
Instructor Email Address:	

Please contact the Secondary Health and Physical Education Department and the school counselor if the student's training schedule changes or if the student leaves the program.

Attach competition schedules.

Signature of Instructor: _____ Date: _____

RELEASE OF LIABILITY and PERMISSION TO PARTICIPATE IN THE OFF-CAMPUS PHYSICAL EDUCATION EQUIVALENT PROGRAM

I hereby give permission for my child _____ to participate in the Off Campus Physical Education program. I understand certain hazards are associated with this activity and hereby agree to assume any and all risks surrounding my child's participation in this program. I also assume any and all risk surrounding the transportation of my child to and from these activities.

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I hereby release the Houston Independent School District, its Board of Trustees, the school's employees, agents, and volunteers in both their official and individual capacities from any and all liability, claims, suits, damages or causes of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with his or her participation in this activity and his or her transportation described above.

Having read this **Release and Permission to Participate Form**, I agree to the terms and conditions expressed herein. **Signed this** _____ **day of** _____, **20** _____.

Print/Type Parent or Legal Guardian's Name:	
Parent or Legal Guardian's Signature:	
Home Phone:	Work Phone:
Print/Type Student's Name:	
Student's ID #: (if known)	Student's Date of Birth:
Print/Type School Name:	

FOR HPE Office USE ONLY			
Date Received _____	Rec'd By _____	<input type="checkbox"/> CATEGORY 1	<input type="checkbox"/> CATEGORY 2
Date Counselor Notified _____	Date of Approval Letter _____		
Signature: Manager, Secondary Health/Physical Education _____		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date Site Visit #1 _____	Date Site Visit # _____		

AGENCY CHECKLIST FOR APPROVAL

The Agency must call the Health and Physical Education Department at 713-556-6891 to set up an interview and provide the following documentation before approval will be granted for the agency and the student.

Agency _____

Contact Person _____

Phone # _____ **E-mail** _____

* 1. A copy of the criteria of how the instructors for your agencies are "appropriately" or "exceptionally" trained.

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- * A copy of each instructor's current certification that will be working with HISD students. This list must remain current.
- * 3. A copy of a license that clearly substantiates the agency as a training facility of "exceptional quality" for Category 1 (this may include: local, state, or national licensing or acknowledgement of being a training facility capable of training national athletes and/or Olympic level participants) or a copy of a license or documentation that clearly substantiates the agency as a training facility of "high quality" for Category 2.
- * 4. Documentation of the student's start and end dates of participation. These dates must correspond with the HISD start and end dates for each semester.
- * 5. A copy of the athletic/training program goals for your agency.
- * 6. An outline that describes a typical training session (time spent on: warm-up, activities, cool down, stretches etc.)
- * 7. A copy of the highlighted Physical Education Texas Essential Knowledge and Skills (TEKS) that your agency will teach to the HISD students. Each grade level or course must be highlighted that reflects the student's grade level or course for which the Physical Education Waiver will substitute. Certain TEKS must be covered for each grade and course before approval will be granted. The PE TEKS are located at www.tea.state.tx.us.
- * 8. A list of at least 18 topics from the highlighted TEKS that the instructor will be responsible for teaching and discussing during student participation. High school students must have topics from the Foundations of Personal Fitness Course. At least one topic a week must be discussed and a written assignment must be given to the student to be included in their journal. The written assignment shows accountability of the learned TEKS. Students may be asked to show their journal to HISD district personnel.
- * 9. A list of the Student Expectations that HISD and the Agency require to receive a grade. The student must have attended at least 90% of the time and completed 100% of the written assignments for their student journal during each grading period. Other expectations may be included by the agency to receive a grade such as: good attitude, prepared to participate, improvement, etc.). Student expectations must be given to the students and parents at the beginning of each semester.
- * 10. **Applications for approval must be turned in on or before the third Monday in May for the fall and spring semesters of the next school year.**

Felicia Ceaser-White, Manager, Secondary Health and Physical Education
Phone: 713-556-6891 Fax: 713-556-6898 E-mail: fceaserw@houstonisd.org