

## **Information Packet for High School Off-Campus Physical Education Substitutions 2023-2024 School Year**

In order to honor your request for physical education substitution, comply with required curriculum standards, and maintain quality education for the whole child, Lake Travis ISD has provided guidelines and procedures to facilitate the physical education substitution process.

The facility providing instruction must submit a letter on business letterhead which outlines:

1. Description of the training program offered, including the level of training provided (Category I or Category II)
2. Description of a typical weekly schedule for training and competition
3. Name, address and phone number of the trainer and training facility
4. Name and phone number of the contact person who will be responsible for completing and sending the attendance and grade reports to the schools

**CATEGORY I:** A substitute request considered under this category must be approved by the Lake Travis ISD Board of Trustees and submitted to the Texas Education Agency for final approval. Under this category, student must attend a private or commercially sponsored physical activity program that leads to Olympic level participation and/or competition. These programs typically involve a minimum of 15 hours per week of highly intense, professionally supervised training. The training facility, instructors and the activities involved in the program must be certified by the Superintendent or his designee to be of exceptional quality.

Students participating at this level may receive a maximum of one-half credit per semester and no more than four credits toward state high school graduation requirements. Students qualifying and participating at this level may be dismissed from school one period per day for such participation.

**CATEGORY II:** A substitute in this category must be approved by the Lake Travis ISD Board of Trustees but does not require approval from the Texas Education Agency. Student must attend private or commercially sponsored physical activity programs as certified by the Superintendent or his designee to be of high quality, with well-supervised, appropriately trained instructors. The program must consist of a minimum of five hours per week of highly intense, professionally supervised training.

Students participating at this level may receive a maximum of one-half credit per semester and no more than four credits toward state high school graduation requirements. Students participating at this level may not be dismissed from any part of the regular school day.

Please review the LTISD guidelines below before applying for the program:

- Examples of physical activities include but are not limited to: Ice hockey, ice-skating, equestrian training, and gymnastics. An exercise class does **NOT** qualify as a physical activity to replace P.E.
- The physical activity program is conducted by a private or commercially sponsored center, which provides **both** instruction and physical application.
- 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.**
- Parents are responsible for providing transportation to and from the physical activity program. Students must be picked up at the **BEGINNING** of the student's off period. Those students not picked up will be put in a class.
- P.E. Waivers can be **REVOKED** if the student/provider does not comply with the guidelines (i.e., being picked up at the start of the last period of the day, not turning in grade sheets in a timely manner.)
- Only 6 hours of tournament play 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 by nine week period of attendance and assessment of achievement in the substituted activity is to be submitted on the ***Student Credit Information*** to the HS counseling department by the due dates noted on the ***Student Credit Information*** form.
  1. If the grade is not reported by the grade report deadline, the student will not receive P.E. credit for the waiver.
  2. If the grade is not reported in a timely manner, the waiver will be denied.
- Applicant must resubmit an application **each year** to the HS counseling department. Packets are available from the counselors. A P.E. waiver **only** waives a student out of athletics or P.E. Students may not miss any class other than physical education (which includes athletics).
- Please note: **No more than four physical education credits may be earned through a combination of athletics, Cavalettes, marching band, or cheerleading AND participation in a P.E. substitution.**

Included in this information packet:

1. For parents and private/commercial physical activity programs - *Information Packet for High School Off-Campus Physical Education Substitutions*
2. For parents to complete and submit by the application deadline – *P.E. Equivalency Request Application*
3. For private/commercial physical activity programs - *Student Credit Information* - **which must be submitted for credit by the report due deadline to the HS counseling department.**

## 2023-2024 Lake Travis ISD High School P.E. Equivalency Request

HS APPLICATION SUBMISSION DEADLINE: Fall Semester: June 8, 2023

Spring Semester: Dec. 15, 2023

This application is to be completed by the parent or guardian on a **yearly** basis.

**Student Name:** \_\_\_\_\_ phone #: \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_ email: \_\_\_\_\_

**Student / Parent / Guardian Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Student ID #** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date** \_\_\_\_\_

**Waiver request for:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Both \_\_\_\_\_

**Type of substitute request?** \*Category 1 \_\_\_\_\_ \*\*Category 2 \_\_\_\_\_

**\*Category 1 Waiver:** Students must be participating in a program that leads to Olympic level of participation and/or competition for a minimum of 15 hours per week of highly intense, professionally supervised training. Student may be dismissed from school one period per day.

**\*\*Category 2 Waiver:** Students must be participating in a program that is of high quality, well supervised by appropriately trained instructors, and consisting of a minimum of 5 hours per school week. Student can receive a PE credit, but may not leave campus for any portion of the school day.

Description of activity: \_\_\_\_\_

Agency responsible for activity: \_\_\_\_\_

Number of hours **per week** student will participate: \_\_\_\_\_

Signature of owner of agency indicating compliance with guidelines: \_\_\_\_\_

I, the parent, understand that if a grade (pass/fail) is **not** mailed to the counselor by the trainer/coach, my student may lose the opportunity to participate in this program: \_\_\_\_\_yes \_\_\_\_\_no

I, the parent, 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: \_\_\_\_\_yes \_\_\_\_\_no

This application and the letter from the facility are to be submitted to the campus counselor. Upon review of the submitted information, approval will be requested from the building principal. The final approval is the decision of Health and Social Programs Coordinator or his/her designee.

### NOTE TO PARENTS:

A letter from the participating agency must be attached to this form documenting the above information.

My signature below signifies that I am agreeing to turn in the required documentation associated with the policies outlined by the LTISD Equivalency Request. I understand that if the **Student Credit Information** is not received by the following deadline, credit will be denied. **Deadlines:** Fall semester = June 8 2023 Spring semester = December 15, 2023. Turn in to your campus' counselor.

Parent's Signature \_\_\_\_\_ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

### OFFICE USE ONLY

Letter attached from participating agency: \_\_\_\_\_yes \_\_\_\_\_no

Counselor's signature \_\_\_\_\_ granted/denied \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_ granted/denied \_\_\_\_\_ Date \_\_\_\_\_

HSPC signature \_\_\_\_\_ granted/denied \_\_\_\_\_ Date \_\_\_\_\_

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