

**Information Packet for Middle School Off-Campus Physical Education
Substitutions 2019-2020 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.

Facility must submit a letter on business letterhead which outlines:

1. Description of the training program offered. Only Category I programs will be approved at the middle school level.
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 the attendance reports to the schools

CATEGORY I: A substitution 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 may not be enrolled with 2 different providers/activities in order to meet the 15 hours/week criteria.

The student trains in a high-level individual athletic, dance, or equestrian program through an outside provider that is above and beyond local youth sports activities and competes at a regional, national, and/or international level.

Paperwork requesting a P.E./Athletic waiver at the middle school level must be submitted by **June 13th (Second Monday in August for students enrolling as new to the district)**. Students must be enrolled in the program for the entire school year. The waiver will occur during the last period of the day. A student in athletics is not eligible for a P.E. substitution.

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, swimming, equestrian training, gymnastics, competitive dance and ballet.
- P.E. waivers are allowed for 6th, 7th and 8th graders ****NOTE: Health Class information below for those students entering 6th grade or new-to-district students who have NOT completed a Health Component in middle school.***
- The activity is based on the grade appropriate movement, physical activity and social development strands of the essential knowledge and skills for physical education.

- 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 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.
- 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 hours per week.
- 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 MS 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 be given an "I" for incomplete work.
 2. If the grade is not reported in a timely manner, the student will be denied the opportunity to participate in the program.
 3. If a student's grade form shows LESS than 135 hours a week/ an "I" will be given for incomplete work.
- Applicant must resubmit an application **each year** to the middle school counseling department. Packets are available from the counselors.
- ****HEALTH Course REQUIREMENT/CREDIT** for incoming **SIXTH graders** or **new-to-district** students who have not completed middle school health;
 1. All incoming 6th grade students and/or new-to-district students who have **NOT** completed a middle school health course must complete the following **PRIOR to having the P.E. Waiver approved:**
 - a. A 6th grade Health Exam for Acceleration must be passed with an 80% or better. Refer to the district's website <https://goo.gl/jBm8M3> for more information
 - b. **Once test results are received, submit the PE Waiver Packet to the Middle School Counselor of your attendance zone. DEADLINE – June 13, 2019.**

Included in this information packet:

1. For parents and private/commercial physical activity programs - *Information Packet for Middle School Off-Campus Physical Education Substitutions*
2. For private/commercial physical activity programs - *Student Credit Information*
3. For parents to complete – *P.E. Equivalency Request Application*

2019-2020 Lake Travis ISD Middle School P.E. Equivalency Request

APPLICATION SUBMISSION DEADLINE: June 13, 2019

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

Student Name: _____

Parent/Guardian Name: _____ **Phone Number** _____ **Email** _____

Student / Parent / Guardian Address _____ **Zip** _____

School : _____ **Grade** _____ **Date** _____

Substitute request for: 2019-2020 School Year

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 the Districts' Director of Health and Social Emotional Learning.

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 guidelines outlined by the LTISD P.E. Equivalency Request. I understand that if the Student Credit Information is not received by the appropriate deadline, credit will be denied. Please turn in to the campus' counselor for the school to which your child will be going no later than **June 13, 2019**.

Parent's Signature

Student's Signature

Date

OFFICE USE ONLY

Letter attached from participating agency: ____yes ____no

Counselor's signature _____

granted/denied _____ Date _____

Principal's signature _____

granted/denied _____ Date _____

Director of HSEL's signature _____

granted/denied _____ Date _____