

Lake Travis Independent School District

**OFF-CAMPUS PHYSICAL EDUCATION PROGRAM
AGENCY APPLICATION AND INSTRUCTIONS**

Any interested training facility or agency must submit the following criteria as documentation of appropriate certifications and safety procedures by Friday, February 1, 2019.

1. Appropriately completed LTISD OCPE Agency Application forms including all contact information and provided documentation.
2. A copy of the criteria for your instructors to insure that they are “appropriately” or “exceptionally” trained.
3. A copy of each instructor’s certification in the areas of instruction that will be working with Lake Travis ISD students.
4. Copy of the agencies certification as a provider of instruction of “exceptional” quality (Category I – state, national or Olympic competition) or “high” quality (Category II - local or state competition).
5. A copy of the agencies athletic, training, and performance goals.
6. An outline that describes a typical training session or a year-around training program.

Lake Travis ISD’s expectation of the agency includes:

1. All information to be completed on the individual student application.
2. Changes and updates to contact information to be made immediately.
3. Documentation of student’s attendance and progress to be reported accurately.
4. Notification immediately if the student’s participation status changes.
5. Grade reports and attendance to be sent to home campus.

Agencies new to the LTISD approval process will be notified immediately by LTISD Health and Social Programs when a student has submitted an application for OCPE and must complete the above mentioned criteria and be approved before PE credit can be granted.

Agency approval will be automatically renewed annually unless LTISD guidelines are not met or there has been an extended period of in-activity.

***Submit all forms to LTISD Health and Social Emotional Learning
Director: Jennifer Lyon at lyonj@ltidschools.org
Questions: call 512-533-5940***

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This page must be turned in with all documentation necessary to instruct off campus PE for approval.

AGENCY/NAME OF FACILITY/COMPANY	
STREET ADDRESS	
CITY/ZIP CODE	
PHONE	
WEBSITE	
CONTACT PERSON(S)	
EMAIL	

REQUIRED DOCUMENTATION (Check box below and attach documentation):

	A copy of the criteria for your instructors to insure that they are “appropriately” or “exceptionally” trained.
	A copy of each instructor’s certification in the areas of instruction, that will be working with Lake Travis ISD students.
	Copy of the agencies certification as a provider of instruction of “exceptional” quality (Category I – state, national or Olympic competition) or “high” quality (Category II - local or state competition).
	A copy of the agencies athletic, training, and performance goals.
	An outline that describes a typical training session or a year-around training program.

REQUIRED SIGNATURES:

SIGNATURE OF AGENCY CONTACT	
PRINTED NAME OF AGENCY CONTACT	
EMAIL	
PHONE	

Submit this form and documentation paperwork to LTISD Health and Social Emotional Learning Director:

lyonj@ltidschools.org

LTSD USE ONLY:

APPROVED BY (Name and Title): _____ **DATE:** _____