

Katy Independent School District

Off-Campus Physical Education Activity Schedule and Instructor Agreement

Student's Name:	Last	First	Middle	School
Name of Sponsoring Facility/Agency:			Name of Instructor: (Please print)	

It is my understanding that the above-named student is applying for an off-campus physical education waiver and that the student must participate in a physical education activity, under professional supervision, a minimum of fifteen hours (Category I) or five hours (Category II) each week at one approved agency in order to be eligible for the waiver. At least four (4) of the required hours must be spread over three (3) days falling between Monday through Friday of each week. The above-named student is scheduled to participate in a physical education program meeting this requirement as designated below:

Weekday	Beginning Time	Ending Time	Activity	Hours
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

(It is imperative that this schedule be kept current at all times. In case of a change in the schedule, please notify the student's grade-level counselor and the Curriculum Specialist for Health and Physical Education at 281-396-2734.)

As a professional instructor, I am aware of the emphasis on program objectives, grading based on performance and attendance established by public education, and the requirements of the Katy Independent School District. I understand the problems inherent in a program such as Off-Campus Physical Education and the importance of maintaining program integrity. Therefore, as the program instructor, I agree to support and abide by the following standards:

1. I will adhere to the district's weekly time requirements as determined by the schedule designated above and notify appropriate personnel of any changes in the schedule.
2. I will expect the student to participate in the activity on a regularly scheduled basis.
3. I will keep an accurate record of the student's attendance and contact the campus counselor if the student's attendance becomes irregular.
4. I will forward a grade recommendation based on student performance to the counselor one week prior to the end of each six-week grading period on the form provided by the District. (The grade will be designated as "Pass/Fail.") Absences for each six-week grading period will be included on the grade report. Irregular attendance or withdrawal from the program will be reported to the appropriate District personnel in a timely manner.
5. I will submit a written outline of program objectives and activities when requested.

I understand that the Katy Independent School District is accountable for the participation of each student in Off-Campus Physical Education programs and that the student's failure to meet the requirements may result in the District revoking the student's PE waiver. I will make every effort to cooperate with the District in their accounting procedures.

Signature of Instructor	Date
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