

**Coppell Independent School District/High School
OFF-CAMPUS PHYSICAL EDUCATION INSTRUCTOR
AGREEMENT AND ACTIVITY SCHEDULE
2022-2023**

This form must be turned in at Schedule Pick-Up in August with payment.

The following schedule must be completed and signed by the instructor before the application will be considered. The instructor/facility should notify the OCPE District Liaison if a change occurs in the number of hours the student is participating.

TO BE COMPLETED BY: The Off-Campus Physical Education Instructor

It is my understanding (name of student) _____ is applying for an Off-Campus Physical Education waiver and the student must participate in his/her activity, under professional supervision, a minimum of 15 hours each week for CATEGORY I activities or a minimum of five hours each week for CATEGORY II activities. All activities must be completed for a single (one) approved agency. The records concerning daily attendance, grades, records of competition, etc. must be completed and returned to the OCPE District Liaison on appropriate dates. These will be specified by the district. The above-named student is scheduled to participate in a physical education program meeting this requirement as designated below:

	BEGINNING TIME	ENDING TIME	ACTIVITY	TOTAL TIME
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
TOTAL AMOUNT OF TIME:				

As the instructor in this program, I am aware of the emphasis placed on meeting program objectives, grading based on performance, and consistent attendance established CISD. I understand the problems inherent in a program such as OCPE and as a result, recognize the importance of maintaining program integrity and record keeping. Therefore, I will support the following conditions as the off-campus instructor in this program:

1. I will provide copies of my credentials to the OCPE District Liaison and attach the copies to this form.
2. I will submit a written outline of program objectives and activities and attach the outline to this form.
3. I agree to keep an accurate record of student attendance on the form provided by the district and return this form to the OCPE District Liaison at the conclusion of each grading period.
4. I will forward a numerical grade based on student performance and a citizenship grade.
5. I agree to contact the OCPE District Liaison if the student's attendance becomes irregular, or is no longer enrolled in the program.
6. I agree to release student on designated FITNESSGRAM® administration date.

I understand that I am accountable to the CISD for the participation of each student in Off-Campus Physical Education. I will make every effort to cooperate with the district. As a qualified instructor, my signature verifies the above schedule and recommends this student for participation in the program.

(Instructor's Signature)

(Date)

(Physical Address of OCPE activity)

(Phone #)