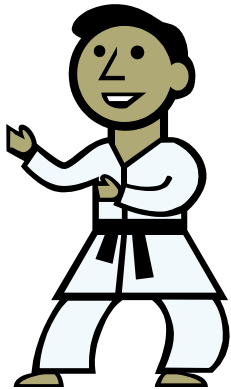


# Temple Independent School District

## OCPE MANUAL 2014-2015



**TEMPLE INDEPENDENT SCHOOL DISTRICT  
GENERAL REQUIREMENTS INFORMATION  
FOR APPROVAL OF FALL OR SPRING OFF-CAMPUS PHYSICAL EDUCATION  
2014-2015**

Informational Only

The following is a list of basic requirements for Off Campus Physical Education established by the Temple Independent School District and the Texas Education Agency. **These requirements must be met and maintained to be eligible for participation in the program.**

1. The purpose of the program is to accommodate students who are making a serious effort to develop high level capabilities and be involved in an off campus program that provides training outside that offered in the school district.
2. **Off-Campus physical activity programs will be approved only for students who have been strongly recommended by qualified instructors.**
3. Only students in grades six (6) through twelve (12) will be eligible for consideration for the off-campus program. No students in elementary school will be considered for the off-campus program.
4. Students may not participate in the OCPE program if the activity is offered as a TISD sponsored sport at the student's current grade level. Examples of activities that may meet these requirements include but are not limited to: Gymnastics, Martial Arts, Cheerleading etc.
5. Students applying for Off-Campus Physical Education will be considered under two (2) categories. Off-Campus Physical Education activities must meet all the requirements of either category one or category two.

**CATEGORY ONE:** These programs involve a minimum of fifteen (15) hours per week of highly intense, professionally supervised training. Students qualifying at this level may be dismissed from school one period per day for such participation

**CATEGORY TWO:** These programs are to be of high quality, well supervised by appropriately trained instructors, and consisting of a minimum of 4 hours per week. Students certified to participate at this level **may not** be dismissed from any part of the regular school day. All substitution activities must include at least 100 minutes per five day school week of moderate to vigorous physical activity.

**High School Only:** High School students participating in either category may receive a maximum of one half credit (.5) per semester during the Fall or Spring semester. *One credit of physical education is required to graduate.*

6. **Middle School Only:** Middle School students may receive one half credit (.5) per semester for *middle school credit only*. Students in grades six through eight are required to participate in daily physical activity for at least 30 minutes for at least four semesters during those grade levels.
7. The student must participate in a minimum of four (4) days during the week (Monday through Friday) plus an additional day that may fall on either the weekend or during the week. All such participation must always be under the direct supervision of the instructor.

**TEMPLE INDEPENDENT SCHOOL DISTRICT  
FALL OR SPRING OFF-CAMPUS PHYSICAL EDUCATION  
APPLICATION PROCEDURE**

**Informational Only**

**THE APPLICATION INCLUDES:**

- area to be completed by the student/parent
- area for signature of school counselor
- area to be read and completed by parent/guardian and student
- area to be completed and signed by the facility instructor
- general guidelines for Off-Campus Physical Education

**PROCEDURES:**

1. Student picks up application in counselor's office.
2. Counselor must sign the application form.
3. The completed application and all fees must be mailed to the following:  

<b>Steve Prentiss</b>	<b>OR</b>	<b>Claudia Hernandez</b>
Assistant Athletic Director		Admin. Asst. to Athletic Director
Off Campus PE Program Coordinator		THS Athletic Office
THS Athletic Office		415 N. 31 <sup>st</sup> Street
415 N. 31 <sup>st</sup> Street		Temple, TX 76504
Temple, TX 76504		Phone: 254-215-7093
Phone: 254-215-7083		Fax: 254-215-6929
Fax: 254-215-6929		Email Address: <a href="mailto:claudia.hernandez@tisd.org">claudia.hernandez@tisd.org</a>
Email Address: <a href="mailto:steve.prentiss@tisd.org">steve.prentiss@tisd.org</a>		
4. After application is reviewed by OCPE program coordinator and approved by the Office of Curriculum Instruction, a confirmation will be sent. A report will be sent to all counselors listing all approved OCPE students. Counselors will put OCPE on the student's schedule. **Grades:** A grade of (P) passing or (F) failing for each grading period.
5. Parents and students need to confirm that OCPE is on the student's schedule at the beginning of each semester and that the student is receiving a grade for each grading period. **Student's attendance in activity must be confirmed by coordinator within two weeks of submittal of application.**
6. **A NEW OCPE APPLICATION MUST BE SUBMITTED EACH SEMESTER.**  
**Applications will not be accepted after the beginning of the 2<sup>nd</sup> or 5<sup>th</sup> grading period.**
7. **ENROLLMENT FEES: (All Fees Must Be Paid Prior to Enrollment)**
  - A. **Application Fee \$10 Non-Refundable**
  - B. **Program Supervision Fee \$10 \*refundable if student drops OCPE\***
  - C. **Checks are made payable to: Temple ISD. Mail complete application and fee to the THS Athletic Office, 415 North 31<sup>st</sup>, Temple, TX 76504**





WEEKLY SCHEDULE INFORMATION  
Fall or Spring Off-Campus Physical Education

Steve Prentiss, Temple ISD • 415 N. 31<sup>st</sup> Street • Temple, Texas 76504 • Telephone 254-215-7083, EMAIL: steve.prentiss@tisd.org

NAME: \_\_\_\_\_

WEEK OF \_\_\_\_\_ HOME CAMPUS \_\_\_\_\_

Day/Date	Starting Time	Ending Time	Site Name	Site Location and Address	Team Name and Jersey #
Monday/Date					
Tuesday/Date					
Wednesday/Date					
Thursday/Date					
Friday/Date					
Saturday/Date					
Sunday/Date					

Total Hours: \_\_\_\_\_  
Weekly Grade: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT PERMISSION**

I have carefully read the guidelines for the Off-Campus Physical Education Program and I agree to comply with those regulations. I hereby release the Temple Independent School District, its employees, agents, and its Board of Trustees, from all claims or liability in any way attributable to this program, including all travel to, from, and during the program. I also understand that all liability in case of accident or hospitalization is the responsibility of the parent or of the private or commercial school. The Temple Independent School District is not responsible for accident or hospitalization insurance. I understand that the Temple Independent School District has no control over the daily activities of the program, quality of the program, or qualifications of the instructor in the program. I understand it is my responsibility to notify the coordinator if my student no longer participates in the OCPE activity. Failure to notify the coordinator will result in failure to receive PE credit for my student.

My son/daughter \_\_\_\_\_ has permission to participate in the Off-Campus

Physical Education Program for \_\_\_\_\_ at \_\_\_\_\_  
Name of Sport/Activity Facility/Practice Field/Club

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**ENROLLMENT FEES: (All Fees Must Be Paid Prior to Enrollment)**

**Application Fee \$10 Non-Refundable. Program Supervision Fee \$10 \*refundable if student drops OCPE\***

**Checks are made payable to: Temple ISD. Mail complete application and fee to the THS Athletic Office, 415 North 31<sup>st</sup>, Temple, TX 76504**

\*\*\*\*\*  
 The student must participate in his/her activity, **under professional supervision, a minimum of 4 hours each week for Category 2 (cannot leave campus) OR a minimum for 15 hours for Category 1 (can leave campus one class period early) at one approved agency.** The record concerning daily attendance, grades, etc. must be completed and returned to the program coordinator on the appropriate dates. The student must participate a minimum of four (4) days during the week (Monday through Friday) plus one (1) additional day that may fall on either the weekend or during the week for a total of five (5) days per week.

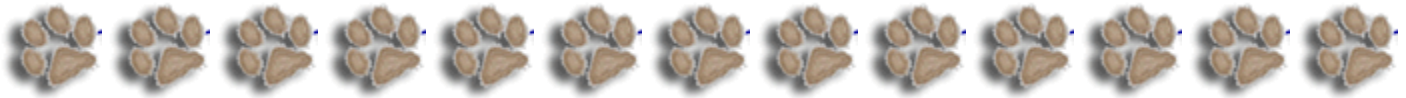
	<b>Beginning Time</b>	<b>Ending Time</b>	<b>Site Location/Address</b> TEAM NAME/TEAM#, if applicable
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____
SATURDAY	_____	_____	_____
SUNDAY	_____	_____	_____

The following schedule must be completed, signed/dated by the instructor before the application will be processed. The student/instructor should notify the OCPE coordinator, Steve Prentiss 254-215-7083 or by email [steve.prentiss@tisd.org](mailto:steve.prentiss@tisd.org) , if a change occurs in the student's practice schedule or facility. Any change to a schedule should be communicated by Monday of the week it changes to eliminate unnecessary and costly TISD administrator or Designee site visits. As a qualified professional instructor, your signature verifies the above schedule and the adherence to the athlete to this schedule.

UNANNOUNCED SITE VISIT CHECKS WILL BE MADE PERIODICALLY EACH SEMESTER BY THE ATTENDANCE OFFICER

***THIS APPLICATION IS INVALID WITHOUT THE INSTRUCTOR'S SIGNATURE AND DATE.***

**INSTRUCTOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



## Fall or Spring Off-Campus Physical Education

Steve Prentiss, Temple ISD • 415 N. 31<sup>st</sup> Street • Temple, TX 76504 • Telephone 254- 215-7083 • Fax 254-215-6929 Email: steve.prentiss@tisd.org

August 2014

Dear Instructor:

Thank you for supporting TISD – OCPE program.

**Please find the attached or enclosed Instructor’s Agreement. Please complete this form and send it back as soon as possible or with your grade sheet either by mail or fax (254-215-6929).**

It is hard to believe it is time for grade reports. Please complete the grade and absence information. ***Please enter the grades as a NUMBER GRADE, NOT A LETTER GRADE.*** Return the grade sheet to me in the enclosed envelope, fax or email no later than the date requested. Please keep a copy for your records. You may fax your grade sheets to (254)215-6929 or e-mail steve.prentiss@tisd.org

**If I do not receive a grade for the students by the reporting period deadline, the student receives a grade of Incomplete or NG for that specific grading period.** The student becomes ineligible for outside activities for the next grading period. Consequently, the burden falls on you as the student’s instructor to submit your student(s) grade by the poster deadline(s).

Please mark your calendars with the following deadlines for grades to be turned into me for the entire 2014-2015 school year. These dates are extremely important and must be followed!

Fall Grading period Grading Period	Fall Deadline for Grade Submission
1 <sup>st</sup> Grading Period	
2 <sup>nd</sup> Grading Period	
3 <sup>rd</sup> Grading Period /end of 1 <sup>st</sup> semester	
Spring Grading period Grading Period	Spring Deadline for Grade Submission
4 <sup>th</sup> Grading Period	
5 <sup>th</sup> Grading Period	
6 <sup>th</sup> Grading Period /end of 2 <sup>nd</sup> semester	

If you have any questions, please do not hesitate to contact me at any time.

Thank you for all you do to make this program successful for these high achieving Temple ISD students.

Sincerely,

Steve Prentiss  
 OCPE Program Coordinator  
 Assistant Athletic Director  
 Temple Independent School District