

John Jay High School Physical Education Department
Independent Study Program
(for Juniors & Seniors)

Program Overview

The independent study program is an option offered by the high school physical education department designed specifically for the student who is classified as an “elite athlete”. Qualified students must be participating in an activity that offers individual instruction by a qualified instructor.

It is expected that the elite athlete would spend **at least ten(10) hours** per week in activity. Students must be training for, and participating in, competitions/performances at the elite level. Only students in good standing with the physical education department will be allowed to pursue independent study. Student’s applying for independent study must have a GPA of 80 or above in physical education to qualify for independent study.

Independent study is an option that could afford the student with a full course load more time in school to devote toward their academic responsibilities. Students will be required to submit a current academic schedule showing the need for the extra time. All applications will be judged on an individual basis.

The independent study program is offered to **only Juniors and Seniors**. Below are the guidelines for independent study per year:

Juniors -- two (2) marking quarters
Seniors -- three (3) marking quarters

Application Procedure

1. Complete the application **ASAP** before the beginning of the marking quarter.
2. Obtain **proof of insurance** from the premises where the activity is held.
3. Submit a current academic schedule showing need for extra time in school to use for academic responsibilities.
4. Schedule an interview to meet with the Director of Health, Physical Education, Athletics and Wellness to review your **completed application**. Before you schedule an interview, make sure you have completed all steps.
 - Complete student application with **all** signatures
 - Complete Instructor Agreement
 - A current insurance certificate from activity premises naming John Jay HS as the certificate holder.
 - A current academic schedule

Once granted, you will be given weekly progress reports. Have your instructor complete a progress report form weekly. **Return this report (weekly) to the ATHLETIC OFFICE.**

FAILURE TO COMPLY WITH THE ABOVE WILL TERMINATE YOUR ELIGIBILITY FOR INDEPENDENT STUDY AND YOU WILL BE RETURNED TO YOUR PHYSICAL EDUCATION CLASS

John Jay High School Physical Education Department

Independent Study – Student Application

Name: _____ Age: _____ Grade: _____

Activity: _____ Today's Date: _____

Marking Quarter(s) Applying for

1st

2nd

3rd

4th

Physical Education Teacher: (check one)

Clark

Curtis

Hoaglund

Mammoser

Mitchell

This student is in good standing with the physical education department.

Signature: _____ date: _____

PARENT/GUARDIAN): *I have read and understand the information about the physical education independent study. I give my permission for my son/daughter to participate in this program.*

Signature: _____ date: _____

GUIDANCE COUNSELOR: *I feel that this student would be capable of participating in and completing the requirements of an independent study in physical education.*

Signature: _____ date: _____

STUDENT-ATHLETE: *I have read and understand the requirements of the independent study program in physical education. I agree to:*

1. Attend and participated in at least **10 hours per week** in my chosen activity
2. Submit weekly reports **filled out by my instructor** detailing my weekly activity
3. Be returned to my regular physical education class if these requirements are not satisfied.

Signature: _____ date: _____

DIRECTOR OF PHYSICAL EDUCATION: *I have reviewed the independent study application of this student and find it to be in compliance with the requirements of this program.*

Signature: _____ date: _____

John Jay High School Physical Education Department Independent Study – Instructor Agreement

This student is applying for an independent study in physical education from John Jay High School. Please complete the following information for our records. As a certified instructor you will be responsible for keeping records of attendance and participation while this student is in your program. Please verify attendance and progress by completing the weekly progress reports.

ACTIVITY: _____

LOCATION OF ACTIVITY: _____

Address: _____

Phone _____

Instructor's Name (please print) _____

Phone where you can be reached: _____

INSTRUCTOR'S CREDENTIALS:

DESCRIPTION OF ACTIVITY: (*detail hours involved by student and culminating competitions/performances*)

I agree to work with this student toward the completion of the independent study in physical education. I will complete weekly progress reports and verify attendance and participation.

Signature: _____ date: _____