

GREAT VALLEY HIGH SCHOOL
225 N. Phoenixville Pike / Malvern, PA 19355

ALTERNATIVE CREDIT FOR PHYSICAL EDUCATION APPLICATION/PROPOSAL

The Great Valley School District allows students to participate in alternative activities to be applied toward the District's Physical Education credit requirements when such activities are aligned to the Pennsylvania Academic Standards for Physical Education, under the direction of an adult supervisor, and where students engage in the alternative activities for a minimum of thirty-five (35) hours in a semester. A student wishing to participate in alternative activities to be applied towards the District's Physical Education credit requirements shall review the provisions outlined in Board Policy and Administrative Regulation 105.4 with his/her parent/guardian and the parent-selected adult supervisor and submit an application to the principal or designee prior to the deadlines stated in the administrative guidelines. Credit will be awarded based upon successful completion of the program, which must be documented in writing. A Completion Verification Form will be provided to the adult supervisor for this purpose at the end of each semester. A grade will be awarded based on this Completion Verification Form.

As outlined in Board Policy 105.4, the following Academic Standards must be fulfilled through the alternative activity. Students will be able to:

- Evaluate and engage in an individualized physical activity plan that supports achievement of personal fitness and activity goals and promotes life-long participation.
- Analyze the effects of regular participation in a self-selected program of moderate to vigorous physical activities.
- Evaluate how changes in adult health status may affect the responses of the body systems during moderate to vigorous physical activity.
- Evaluate factors that affect physical activity and exercise preferences of adults.
- Analyze the interrelationships among regular participation in physical activity, motor skill improvement and the selection and engagement in lifetime physical activities.
- Assess and use strategies for enhancing adult group interaction in physical activities.
- Apply knowledge of movement skills, skill-related fitness and movement concepts to identify and evaluate physical activities that promote personal lifelong participation.
- Incorporate and synthesize knowledge of motor skill development concepts to improve the quality of motor skills.
- Evaluate the impact of practice strategies on skill development and improvement.
- Incorporate and synthesize knowledge of exercise principles, training principles and health and skill-related fitness components to create a fitness program for personal use.
- Evaluate movement forms for appropriate application of scientific and biomechanical principles.
- Analyze the application of game strategies for different categories of physical activities.

Section A (To Be Completed by Parent/Guardian)

Student Name: _____ ID# _____ Grade _____

has my permission to participate in Alternative Credit for Physical Education. I have reviewed and understand the unique requirements of this experience, as outlined in Board Policy and Administrative Regulation 105.4, which are available on the District's website, and give my permission for my son/daughter to participate. I realize that the District has not selected and does not endorse or recommend a student's participation in any specific alternative activity or any specific adult supervisor. I understand that transportation to/from the alternative activity is not provided by the District and that the District shall not be responsible for any accident or injury which takes place in connection with my son/daughter's participation in alternative activities.

1. Description of alternative activity _____

2. Location of activity and phone # _____
3. Name and phone # of supervisor _____
4. Description of the frequency and duration of the student's participation in the alternative activity (include a schedule outside the established school day) _____

5. Dates of participation: From: _____ to _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Phone _____ Email _____

Date _____

Section B (To Be Completed by Adult Supervisor)

Alternative Activity Adult Supervisor Name: (Please Print) _____

In signing below, I agree that I have reviewed the information contained in this application, including the Academic Standards

listed above. I further represent that the Academic Standards listed above can be fulfilled in connection with _____'s participation in the alternative activity described in this application. I understand that at the end of the semester, I will be required to complete a written verification form indicating whether all Academic Standards have been met, which are subject to independent verification by the District.

Alternative Activity Adult Supervisor Signature: _____

Phone _____ Email _____

Date _____

Section C (To Be Completed by Principal or Designee)

Student's participation in the above detailed alternative activity for credit towards the District's Physical Education credit requirements is:

_____ Approved _____ Denied

Comments: _____

Principal Signature _____ Date: _____