



**Off-Campus Physical Education Instructor Agreement**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Facility: \_\_\_\_\_ Instructor Name: \_\_\_\_\_  
 Instructor Phone #: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

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 Little Elm Independent School District. I understand the challenges inherent in a program such as Off-Campus Physical Education and the importance of maintaining program integrity. Therefore, I will support the following conditions to my certification as an Off-Campus Physical Education Instructor.

1. The instructor will adhere to the district’s guidelines for attendance by the student: the student must participate in his/her activity under professional supervision, a minimum of fifteen (15) hours (Category One) or five (5) hours (Category Two) each week at one facility. The student must participate in a minimum of four (4) days during the week (Monday-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.
2. The instructor will keep an accurate record of student attendance.
3. The instructor will forward a grade recommendation based on the student performance and attendance as requested.
4. The instructor will submit a written outline of program objectives and activities when requested.
5. The instructor will contact the counselor’s office if a student’s attendance becomes irregular.

**TENTATIVE SCHEDULE – TO BE COMPLETED AND SIGNED BY FACILITY INSTRUCTOR**

The student must participate in his/her activity, under professional supervision. The records concerning daily attendance, grades records of competition, contest results, etc. must be completed and returned to the program coordinator on appropriate dates. The following schedule must be completed and signed by the instructor before application will be considered. The instructor/facility should notify the Campus Administrator if a change occurs in the schedule.

	BEGINNING TIME	ENDING TIME	ACTIVITY
Monday:	_____	_____	_____
Tuesday:	_____	_____	_____
Wednesday:	_____	_____	_____
Thursday:	_____	_____	_____
Friday:	_____	_____	_____
Saturday:	_____	_____	_____
Sunday:	_____	_____	_____

As a qualified professional instructor, your signature verifies the above schedule and recommends the student. I understand that the Little Elm Independent School District is accountable for the participation of each student in the Off-Campus Physical Education. I will make every effort to cooperate with the district in their accounting procedures.

Instructor’s Signature \_\_\_\_\_ Date \_\_\_\_\_