



# Kings High School

## Physical Education Credit Flexibility Application

This application must originate with a counselor/student conference and must be turned in within 10 days of start of a semester.

Date of Application \_\_\_\_\_ Plan Approval/ Counselor Signature \_\_\_\_\_

### Student Information:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID \_\_\_\_\_

Student Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Email \_\_\_\_\_

Please check the following:

Will this decision impact your OSHAA athletic eligibility? Yes \_\_\_ No \_\_\_

Will this decision impact your NCAA athletic eligibility? Yes \_\_\_ No \_\_\_

Will this decision impact your grade placement or graduation? Yes \_\_\_ No \_\_\_

Are you on an Individualized Education Plan (IEP) or 504 Plan? Yes \_\_\_ No \_\_\_

Academic Year \_\_\_\_\_ (i.e. 2014-15)

Semester (circle) Semester 1 - Due- 1/09/15 (60 hrs. = one semester)

Semester 2 - Due- 5/28/15 (60 hrs. = one semester)

Describe the physical fitness activity you will do to earn this credit (Please include program/team name as well as coach/instructor name if other than supervisor):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Supervisor Information:

Name \_\_\_\_\_ Title \_\_\_\_\_

Employer/ Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

PE through Credit Flex will be graded as Pass/Fail; it will not be calculated in GPA. PE Credit Flexibility Option must contain the elements within the Ohio Physical Education Academic Content Standards.

A completed log of physical activity and verification that student has met the Academic Content Standards must be turned in to Guidance by the semester due date.

# The State of Ohio's Standards in Physical Fitness:

More information on how to meet the standards is available through the Ohio Department of Education website: <http://education.ohio.gov/Topics/Ohio-s-New-Learning-Standards/Physical-Education>

Supervisor to complete the following:

Standards	Brief description of how Standard has been met	Initial to verify attainment
1	Demonstrates competency in movement routine or locomotor activity skills	
2	Knowledge of movement concepts, strategies and tactics - Apply biomechanical principles	
3	Participates in physical activity - <b>Attach Log</b> 60 hrs. of recorded activity = ½ of PE requirement	
4	Demonstrates health-related fitness / Set up personal fitness plan	
5	Exhibits responsible personal and social behavior that respects self and other in physical settings.	
6	Demonstrates value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction	

Supervisor verification of student's successful completion of all requirements for PE Credit Flex -

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Supervisor's Signature)

Completion Approval-Counselor \_\_\_\_\_ Date \_\_\_\_\_



