TORRANCE UNIFIED SCHOOL DISTRICT

INDEPENDENT STUDY PHYSICAL EDUCATION

APPLICATION PACKET

2026-2027

Torrance Unified School District
Independent Student Physical Education

ISPE 2026-2027 INFORMATION/APPLICATION

Torrance Unified School District believes that all students benefit from participating in physical education that is provided through a comprehensive standard aligned program that integrates physical fitness into the broad range of activities that students enjoy. Quality physical education programs help all students develop health related fitness, physical competence, cognitive understanding, and positive attitudes about physical activity, so they can adopt healthy and physically active lifestyles. With high-quality physical education instruction, students become confident, independent, self-controlled, and resilient; develop positive social skills; set and strive for personal, achievable goals; learn to assume leadership; cooperate with others; accept responsibility for their own behavior; and, ultimately, improve their academic performance.

Independent Study Physical Education (ISPE) allows a student advanced study in activities not normally available in the District's physical education program**. ISPE activities must be a significantly different program that involves an activity in which the student is highly gifted and has become highly competitive at a national, state or regional level.** A major factor in determining acceptance or rejection of this request will be the difference between a recreational program and a competitive program.

If a request for Independent Study Physical Education is denied, an appeal may be made by submitting a letter to the Sr. Director – Secondary Education. This letter of appeal should specifically address how the proposed activity meets the District criteria and/or reasons why the request should be reconsidered. Your appeal will be reviewed and you will be notified of the status of your appeal following the dates listed on the ISPE calendar.

If your application or appeal is approved, you must set up a meeting with site personnel to complete the forms in this packet required by the State Department of Education.

----------Office Use Only----------

Application Approved ☐ Application Denied ☐

Denial Reason_____

_____

Principal's Signature_____ Date_____

Torrance Unified School District
Independent Student Physical Education

CRITERIA and ELIGIBILITY

- Student is ranked by an athletic association in an individual sport or performs at an advanced level in a physically active performing art.
- Student is a member of a team sport not offered at school. Participation in a sport offered at school may not be approved.
- Student must be competing and/or performing at the ***National, State or Regional*** level and MUST provide documentation of competition.
- Approved ISPE programs must engage participants for a minimum of 10 hours per week for middle school and 15 hours per week for high school that indicates the student is a serious participant.
- Approved ISPE programs must be structured programs taught by qualified individuals responsible for supervising, documenting and verifying student participation, progress and performance. Parents will not be approved as a supervising coach for his or her child.
- ISPE students in 7th & 9th grade must participate in the California Physical Fitness Test.
- ISPE students in the 10th – 12th grade MUST pass 5 of 6 tests in the previous California Physical Fitness Test (PFT).
- ISPE students MUST have passed ISPE or PE class the previous year with a C or better. Not passing the previous year's class is grounds for automatic disqualification. ISPE cannot be used to make up a failing grade in Physical Education. If a student fails ISPE during the first semester they will be dropped and not eligible to enroll in future ISPE.
- ISPE students must demonstrate satisfactory educational progress in the previous grading period including but not limited to:
    - ISPE students must be legally enrolled and progressing toward meeting graduation requirements.
    - ISPE students are expected to enroll in six classes
    - ISPE students must maintain a minimum GPA of 2.0 in all classes
    - ISPE student may have no more than one (1) unsatisfactory grade in citizenship

All of the following forms and documentation must be completed and submitted to the school site according to deadlines outlined on Independent Study Physical Education Calendar 2026-2027 (page 4)

- Application for Independent Study Physical Education (page 5)
- Instructor's statement of qualifications for supervision of activity. (page 6)
- Proof of instructor's certification by state or national coaching organization – attached to Instructor's Qualifications sheet (page 6)
- Proof of up-to-date first aid/CPR certification by instructors/coaches - attached to Instructor's Qualifications sheet (page 6)
    - **It is the responsibility of the instructors/coaches to provide proof of first aid/CPR certification to the school site.**
- **The instructors/coaches who submit proof of first aid/CPR certification must be in attendance during student rehearsals and/or activities.**
- Learning plan completed by instructor. (page 7)
- Verifying Signatures (student, parent and instructor). (page 8)
- Documentation of Competition/Performance at national, state or regional level (page 9)

Torrance Unified School District
Independent Study Physical Education

INDEPENDENT STUDY PHYSICAL EDUCATION CALENDAR 2026-2027

1st Semester Fall Enrollment –

August 3	Distribution of forms
September 4	Application return deadline
September 11	Notification of approval or denial
September 18	Appeals deadline
September 25	Notification of appeals decision
October 23	1st quarter Attendance and Performance Record + High School/Middle School Activity Log due at site office
January 22	2nd quarter Attendance and Performance Record + High School/Middle School Activity Log due at site office

2nd Semester Spring Enrollment –

December 18	Distribution of forms -For new applications
January 8	Application return deadline
January 15	Notification of approval or denial
January 22	Appeals deadline
January 29	Notification of appeals decision
March 26	3rd quarter Attendance and Performance Record + High School/Middle School Activity Log due at site office
June 10	4th quarter Attendance and Performance Record + High School/Middle School Activity Log due at site office

New students must submit application within two weeks of enrollment with no appeals granted the first semester of enrollment.

Torrance Unified School District
Independent Student Physical Education

ISPE Application

(To be completed by the student and/or the student's parent/guardian)

Please print or type all information clearly

Student Name (Last Name, First Name):		**Student ID #:**
School:		**Grade Level 2026-2027:**
Name of Proposed Sport or Program:		
Home Address:	**Home City:**	**Home Zip:**
Home Phone:	**Cell Phone:**	
Parent/Guardian Name:	**Parent/Guardian Email:**	
Parent/Guardian Cell Phone:	**Parent/Guardian Work Phone:**	

Briefly explain why this proposed ISPS course of study is requested and should be considered as a substitute for regular attendance and participation in the required school physical education program.

Please describe how many hours per week of learning activity are included in the proposed ISPE course of study and how the time will be used.

Torrance Unified School District
Independent Student Physical Education

Primary ISPE Coach/Instructor Information & Qualifications

(To be completed by outside activity instructor)

Please print or type all information clearly. Use additional sheets if needed.

Primary Instructor Name (Last Name, First Name:	**Title:**	
Address:	**City:**	**Zip:**
Email:	**Telephone:**	**Times Available:**

Describe the training which prepared you to supervise this activity:

Describe your experience supervising students in this activity:

In what position(s) are you currently employed which qualifies you to supervise this student :

Primary location where the proposed ISPE instruction will take place	
Facility Name:	**Telephone:**
Address:	**City:**

ATTACH TO THIS FORM A COPY OF:

- Proof of certification by state or national coaching organization
- Proof of up-to-date first aid/CPR certification

PLEASE NOTE: The trained specialists/instructors/coaches who submit proof of first aid/CPR certification MUST be in attendance during student rehearsals and/or activities.

Torrance Unified School District
Independent Student Physical Education

ISPE Learning Plan

(To be completed by outside activity instructor)

Please print or type all information clearly. Use additional sheets if needed.

Amount of time/participation planned for this activity each week. If available, please attach a calendar of competitions, tournaments, or performances.

What are the specific objectives for this semester and how do they address the California State Physical Education Standards? Please include a detailed description of activity.

What is the student's current competitive level/ranking?

Please list all state, regional or national competitions this student has participated in the past year and all competitions the student has planned through June 2027.

By signing below, you certify the information provided on and in connection with this form is true, accurate, and complete.	
Student:	**Parent/Guardian:**
Coach/Instructor:	**Coach/Instructor:**

Torrance Unified School District
Independent Student Physical Education

ISPE Verifying Signatures

Fitness Organization/Trained Specialist under whom activity is performed:

Please print or type all information clearly

Instructor Name (Last Name, First Name:		**Title:**
Organization ISPE Activity is Affiliated with:		
Address:	**City:**	**Zip:**
Email:	**Business Phone:**	**Cell Phone:**

Student's Responsibility (To be completed by the student)

I understand it is my responsibility to attend the activity as outlined for a minimum of 10 hours per week (middle school) or 15 hour per week (high school) and meet the standards expected by the instructor. I understand that I must submit the Attendance and Performance Record and time sheet logs during the last week of every quarter.

I UNDERSTAND THAT I WILL LOSE ALL HOURS EARNED AND RECEIVE A FAIL/UNSATISFACTORY IF I LEAVE THE PROGRAM FOR ANY REASON WITHOUT IMMEDIATELY NOTIFYING THE INDEPENDENT STUDY COORDINATOR.

Signature of Student: Date:

Parent's Awareness (To be completed by the parent/guardian)

I acknowledge that the District does not investigate the site of the activities of any program to assess potential for injury. I accept full responsibility for any injury, which might occur in this activity. I am aware that, if my son/daughter fails to meet the attendance requirements set by the Torrance Unified School District, the standards set by the instructor, and the 10 hours per week minimum (middle school) or 15 hours per week (high school), he/she will not meet the quarter requirement for P.E. nor receive credit.

Signature of Parent/Guardian: Date:

Instructor's Approval (To be completed by the ISPE Instructor)

I certify the above-named student attends, participates in, and meets the standards of the activity set by the instructor. I am also accepting the responsibility for personally writing quarterly evaluations, as well as keeping track of the student's Independent Study Physical Education hours in which I personally supervise the student's activity.

Signature of Coach/Instructor: Date:

Torrance Unified School District
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ISPE Documentation of Competition/Performance

Student Name (Last Name, First Name):	Student ID #:

Date	Competition/Performance	Format (video, newspaper, etc)

Torrance Unified School District
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Subsidiary Contract & ISPE Attendance and Performance Record

To be completed by the outside Activity Instructor and On-Site Physical Education Teacher. *Form should be filled in and signed by the Coach*. Student should return completed form the last week of each quarter.

Student Name (Last Name, First Name)	**Grading Period:**
ISPE Activity:	
ISPE Activity Description:	
Objectives (From ISPE Learning Plan:	
Grade: **PASS ☐** **FAIL ☐**	

Total Number of Hours Completed This Grading Period_____

Coach/Instructor's Comments:

Instructor Signature	**Date**	**Student Signature**	**Date**
Parent/Guardian Signature	**Date**	**Teacher Signature**	**Date**

Torrance Unified School District
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High School/Middle School ISPE Activity Log

Student Name	Grading Period	Valid dates:_____ to_____

Date	Activity	Time Begin - End	Hours
		-	
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		-	
	Total Hours …….		

I affirm that the above record of participation is an accurate for the above named student.

Supervising Coach/Instructor's Signature: Date:

<<COPY AS NEEDED>>