## **Lincoln Hill High School**

Course Title: Independent Physical Education (PEH311)

**Credit:** 0.5 (1.5 total PE credits required for graduation)

**Description**: This course will provide an opportunity for students to be involved in fundamental activities of various lifetime sports of their choosing such as, and not limited to: volleyball, soccer, badminton, tennis, pickleball, basketball, bowling, swimming, golfing, hiking, cycling, and physical conditioning. For credit, students will be expected to:

- 1. Plan and maintain your own PE Contract.
- 2. Complete 75 hours of varied activities before credit will be awarded. The intent of this course is not for you to do the same thing over and over again. It is an opportunity for you to develop skills that will enable you to continue a healthy lifestyle your entire life. Unless otherwise approved by your instructor, you must be involved in three or more activities. For example, you would not just walk every day but you might walk, play basketball or another sport, and be involved in an aerobics or dance class. There is flexibility in the program, so discuss your options with your instructor.

It is assumed that you are learning various skills as well as going through many different exercise techniques. The one activity of basketball would include working on many different specific skills so you could use those for the purpose of this contract.

- 3. Record daily any activities up to one hour per day in your Fitness Log.
- 4. Additional hours (up to four) may be recorded after staff approval for events such as: weekend hikes, skiing, snowboarding, etc.
- 5. Record your daily activities in more detail than just one word. For example, instead of recording the word "aerobics," write "stretch 15m, high impact aerobics 30m, and cool down 15m." In the case of running, record your times based on time over a specific distance.
- 6. An adult needs to sign off that they witnessed or can verify your activities before credit may be awarded. It can be a parent/guardian, an instructor, a coach, or fitness center employee.

Grading: This is a Pass/Fail course only. If requirements are not met, no credit will be issued or grade assigned.

## **Washington State Standards for Physical Education:**

- 1: Students will demonstrate competency in a variety of motor skills and movement patterns.
- 2: Students will apply knowledge of concepts, principles, strategies, and tactics related to movement and performance.
- 3: Students will demonstrate the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness.
- 4: Students will exhibit responsible personal and social behavior that respects self and others.
- 5: Students will recognize the value of physical activity for health, enjoyment, challenge, self-expression, and social interaction.

## **Fitness Log and Assessment**

Name:	Start Date:
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DATE	ACTIVITY (use more lines as needed). Also note place, other participants if applicable	DAILY TOTAL	TOTAL ALL
4/1/21	Example: Jogged 2 miles, stretched, pushups, push-ups and sit-ups	1	1
4/3/21	Hike on Chuckanut trail system	2	3
	Fitness Log and Assessment (page one) Total		
	Fitness Log and Assessment (page two) Total		
	Fitness Log and Assessment (page three) Total		
(This on	e cover page will be turned in for recording credit) Total all logged activities		

Continue recording on the attached logs sheets and when you have readed 75 hours, present your completed log to your teacher and carry forward your total to this page for a permanent record to be filed when your contract is turned in for credit.

Be sure to have your adult witness attest to the accuracy of your log by providing their signature.

## FITNESS LOG AND ASSESSMENT (page two)

	(page me)		
DATE	ACTIVITY (use more lines as needed). Also note place, other participants if applicable	DAILY TOTAL	TOTAL ALL
		<u> </u>	
	Fitness Log and Assessment (page two) Total		

Adult witness signature: \_\_

	FITNESS LOG AND ASSESSMENT (page three)		
DATE	ACTIVITY (use more lines as needed). Also note place, other participants if applicable	DAILY TOTAL	TOTA ALL

Fitness Log and Assessment (page three) Total

Adult witness signature: _				
By my signature, I attest	to the best of my know	vledge, the ab	ove is true and a	accurate.
Role of person signing: _	Parent/Guardian	Coach	Instructor	Fitness Center employee