Arlington Classics Academy Middle School Physical Education

Dear ACA Parent(s):

We are looking forward to your child participating in the Arlington Classics Academy Physical Education program.

A general goal for all physical education students is to move skillfully while demonstrating versatile, effective and efficient movement in basic locomotors, dance and game movement skill patterns. We hope that their P.E. experiences will lead to healthy and active lifestyles that will promote not only their physical skills, but also their social skills.

It is imperative that your child participates on a regular basis. If your child is temporarily unable to participate in physical education, for whatever reason, he or she must have a note from home, a doctor, or the school nurse. If your child has any permanent physical limitations, (asthma, seizures, etc.), that would restrict his or her ability to participate, please complete the appropriate line on the attached sheet. Time is spent teaching, reviewing and practicing all P.E. procedures and routines. Students who choose not to follow the P.E. rules will follow the steps in the P.E. discipline plan. As the need arises, telephone calls will be made to parents and letters will be sent home. A student who demonstrates severe discipline problems bypasses the P.E. discipline plan and is immediately referred to an administrator. Students who follow the P.E. rules utilize their time wisely, thus enhancing their opportunity to learn.

Please read this letter with your child and sign the attached sheet, acknowledging that you have discussed the contents of this letter with your child. Please return only the signature sheet and keep this letter so that you can refer to it again if the need arises.

We look forward to an exciting physical education program, filled with fun and challenging activities for all students. Please encourage your child to always strive to do his or her very best. If you have any questions, please do not hesitate to call.

Thank you for your support.

Physical Education Teachers

Jeremy Sherman- [jsherman@acaedu.net](mailto:jsherman@acaedu.net) Lindsay Speece- lspeece@acaedu.net

817-987-1819 ext. 3318

***Physical Education Rules and Expectations***

**Rules:**

1. Follow all teacher directions.
2. Follow the rules of the game.
3. Respect others.
4. Respect equipment.
5. Raise hand to share ideas.
6. Ask adult for permission to leave the gym.

**Expectations:**

1. Wear athletic shoes each day to P.E class. \*(No Crocs, sandals, hiking boots, heels, flip flops, etc.)
2. Come into the gym quietly and sit at Home Spot.
3. Listen for teacher directions.
4. Start and stop on teacher cues (voice, music, whistle, etc.)
5. Play by the rules.
6. Line up and enter the hall quietly.

**Consequences:**

1. Verbal warning
2. Sign behavior book/time- out/cool off
3. Phone call to parent/guardian
4. Principal

**Injury/Sickness Policy:**

1. Students will not be expected to fully participate if they are ill or injured.
2. If the student is ill or injured; he/she must bring a note from home stating the nature of the illness/injury and the restrictions that apply.
3. A parent’s note will be honored for a ***maximum of three days.***
4. After three days a doctor’s excuse is required.
5. This excuse must include the date on which the student can be expected to return to full participation.

**Grading Policy**

* 60% Participation
* 20% Dressing Out (If you do not dress out 3 times in a grading period, you will automatically be lowered a letter grade)
* 10% Written
* 10% 9 Weeks Exam

**Citizenship**

Citizenship is based on conduct marks received. We will utilize the “P.E. Rules and Expectations” for our guidelines. Grades will reset each 9 weeks.

* 0-2 = Excellent
* 3-5 = Satisfactory
* 6-8 = Needs Improvement
* 9+ = Unsatisfactory

**Dress**

* The complete ACA P.E. uniform will be worn each day, unless otherwise specified by the instructor.
* The student’s first initial and last name must be written on the P.E. t-shirt. Their first and last initial should be written on the shorts.
* P.E. uniforms must be presentable and fit properly. Regardless of weather conditions, students should be prepared to dress out each day.
* Keep P.E. clothes CLEAN! Clothes are to be taken home and laundered. Please remark your name if necessary.

**Weather**

* If the Heat Index is 95 (feels like) or above we will be inside. If the Wind chill is below 40 (feels like) we will be inside.

**Dressing Room Policies and Procedures-NO HORSEPLAY OF ANY KIND WILL BE TOLERATED!!**

* Students have 5 minutes to dress and be out of the dressing rooms. If you take longer than 5 minutes you will lose participation points
* No food or drink is allowed to be consumed in the dressing rooms.
* Dressing room will be locked after the last student is dressed and unlocked after class is over. There will be a coach/ teacher present inside/outside of the dressing room when unlocked.
* **Federal Law prohibits the use of cameras and cell phones in any dressing room or restroom.**

**­­­­­**

\*\*\*PLEASE RETURN THIS DOCUMENT SIGNED\*\*\*

Please initial (both parent & student) by each of the following after you have read and discussed with the student the following:

Parent Student

\_\_\_\_\_ \_\_\_\_\_\_ Dressing Room Policies and Procedures

\_\_\_\_\_ \_\_\_\_\_\_ Rules, Expectations, Consequences, & Injury/Sickness Policy

\_\_\_\_\_ \_\_\_\_\_\_ Grading and Citizen Policy

If your child has any of the following please circle and explain if necessary.

EPILEPSY HEART DISEASE ASTHMA DIABETES ALLERGIES

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

NONE

Please sign below as an acknowledgement that you have received and read this packet of information.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jeremy Sherman- [jsherman@acaedu.net](mailto:jsherman@acaedu.net) Lindsay Speece- [lspeece@acaedu.net](mailto:lspeece@acaedu.net)

817-987-1819 ext. 3318

\*\*\*PLEASE RETURN THIS DOCUMENT SIGNED\*\*\*