



## Extended Studies

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<http://washoeschools.net/Page/1146>  
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## Supervised Curriculum PE (SCPE)

Supervised Curriculum PE (SCPE) is only available to students currently enrolled full time in a Washoe County School District (WCSD) school. WCSD high school students are permitted to earn physical education credit by participating in a **pre-professional** sport. The purpose of this packet is to provide the information and forms needed for students to successfully complete the course.

Student must be **training** and **competing** in **one** of the Individual Sports or Club Sports listed below. Students wishing to apply for an individual or club sport not listed below must make his/her request in writing to Extended Studies **at least one month in advance** of the semester application date.

### INDIVIDUAL SPORTS:

- Archery
- Bowling
- Dance (professional training)
- Diving
- Drum Corps\*
- Equestrian
- Golf\*
- Ice Skating
- Martial Arts
- Motocross
- Rock Climbing
- Rodeo Training
- Skiing
- Snowboarding
- Tour/Mountain Bike Racing

### CLUB SPORTS:

- Baseball\*
- Basketball\*
- Boxing
- Competitive Cheerleading
- Fencing
- Gymnastics
- Ice Hockey
- Lacrosse\*
- Soccer\*
- Softball\*
- Swimming\*
- Tennis\*
- Track\*
- Volleyball\*
- Water Polo
- Wrestling\*

\*Please refer to Nevada Administrative Code (NAC) 386.600 – 386.886, Nevada Interscholastic Activities Association, regarding participation on independent / outside teams if the student wishes to participate in a club sport during the season in which that sport is played at the high school.

See the following the SCPE Statement of Understanding for the complete requirements of this course.

# Supervised Curriculum PE (SCPE) Registration

Registration is to be completed at the beginning of the desired semester

**emailing to [extendedstudies@washoeschools.net](mailto:extendedstudies@washoeschools.net),**

in person at the Extended Studies office or by mailing the completed packet and payment to the Extended Studies office.

You may pick up a packet at the Extended Studies office or go to the Extended Studies website to print the packet,

<https://www.washoeschools.net/Page/1146> .

Students register by:

1. Completing the Registration Form (page 3),
2. Completing Statement of Understanding (pages 4 and 5),
3. Completing the Student Application (page 6)
4. Completing the Application for the Coach (page 7),
5. And paying the \$75.00 registration fee by check made payable to WCSD, or credit card (Visa, or MasterCard) for each registration.

## **Refund Policy**

A 20% processing fee will be assessed on all refunds if cancellation is made within 1 week of registration. No refund will be given if cancellation is not made within 1 week of registration. All refunds are issued by check within 2-3 weeks of request.



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## SCPE REGISTRATION FORM

Supervised Curriculum PE Approved Sport: \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
Address City State Zip Code

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_

Student ID \_\_\_\_\_ School \_\_\_\_\_ Counselor \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Parent Home Phone: \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Student Email \_\_\_\_\_

By signing below, I agree to ensure my student follows all program policies and deadlines as outlined in the appropriate course information packet/documents.

Print Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment (checks made payable to WCSD):

- Check      Amount \$ \_\_\_\_\_      Check # \_\_\_\_\_
- Credit Card      Amount \$ \_\_\_\_\_      Card # \_\_\_\_\_      Exp Date \_\_\_\_\_

\_\_\_\_ Mastercard      \_\_\_\_ VISA      Name on Card \_\_\_\_\_

**A \$3 credit card processing fee applies**

Please see course packet for refund information.

Staff only use      TR \_\_\_\_\_ IC \_\_\_\_\_

# Supervised Curriculum PE Statement of Understanding

(This two-page document is due to the Extended Studies Office within 5 days of registration.)

Student Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Student ID \_\_\_\_\_

**Student and parent must initial** and acknowledge each statement below and sign and date page 2 of the Supervised Curriculum PE Statement of Understanding.

\_\_\_\_\_ I understand that I am not eligible to take this course if I am participating in a team sport at a WCSD high school or coached by my parents or relatives.

\_\_\_\_\_ I understand that 60 hours of participation in a pre-professional/competitive activity is required to earn .5 credit of SCPE and that the hours must be completed within the semester/summer that I am registered for in accordance with the WCSD Balanced Calendar.

\_\_\_\_\_ I understand that I may count up to a maximum of 4 hours per day of supervised practice and/or competition. If I am submitting hours for competition, a copy of the competition program/agenda must be attached to the report with the activities that I participated in circled.

\_\_\_\_\_ I understand that the SCPE Attendance Report must be signed by the coach after every practice/competition.

\_\_\_\_\_ I understand the completed SCPE Attendance Reports are due no later than 7 days after the end of the month. The final Attendance Report is due 2 weeks before the end of the semester. NOTE: During the Spring semester, senior hours are due 3 weeks before the end of the semester. Attendance Reports may be:

- Mailed to the Extended Studies office 5450 Riggins Ct, Ste 5, Reno, NV 89502
- Emailed to [extendedstudies@washoeschools.net](mailto:extendedstudies@washoeschools.net);

\_\_\_\_\_ I understand that if I become injured and therefore am unable to continue with participation in SCPE for a period of time, I must contact Extended Studies to make appropriate arrangements. A doctor's note is required.

\_\_\_\_\_ I understand S/U grades are awarded for SCPE and do not affect my GPA. I understand that the final grade will be posted to my transcript at the end of the semester.

## Supervised Curriculum PE Statement of Understanding

\_\_\_\_\_ I understand there is absolutely no tolerance for abuse of the course and that any student who falsifies their participation in SCPE or forges a signature will earn an unsatisfactory grade (U) and no credit.

\_\_\_\_\_ I understand that students who drop this course after the 11th week in fall and spring semesters and the 4<sup>th</sup> week in summer semester will earn an Unsatisfactory (U). No record of the course will be posted to the student's transcript if the course is dropped prior to the 11th week in fall and spring or the 4th week in summer.

\_\_\_\_\_ I understand that a 20% processing fee will be assessed on all refunds if cancellation is made within 1 week of registration. No refund will be given if cancellation is not made within 1 week of registration. All refunds are issued via check.

\_\_\_\_\_ I have read, understand, and agree to abide by all information contained in this packet.

\_\_\_\_\_ I understand that students who withdraw from a Washoe County School will also be withdrawn from the program the student is taking from the Extended Studies office and no credit issued.

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Name**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

# Student Application for SCPE

Check the box that applies for the semester that you have registered.

Summer

Fall

Spring

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Counselor Name

\_\_\_\_\_  
Student ID #

- A. Description of the activity in which the student will be engaged. This activity must be from among those approved by WCSD.
- B. Specify the pre-professional activities the student will be participating in and/or the national and regional competition the student will be participating in. Remember that the course does not qualify unless it is being pursued for pre-professional involvement or national/regional competition.

C. Please indicate by each day of the week, the time the student proposes to spend in this activity:

DAY	BEGIN TIME	END TIME	TOTAL # OF HOURS
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Coach must sign off verifying this proposed schedule: \_\_\_\_\_

# Coach Application for SCPE:

WCSD students that are in a **pre-professional** sport or students that compete at national or regional levels are permitted to earn their physical education credits through Supervised Curriculum PE (SCPE). The list of approved individual and group sports are available on the Extended Studies website.

As a coach or instructor, you are responsible for signing the student's attendance report on **each day** that the student has completed hours and at the end of the month before the student turns in his/her SCPE attendance report to Extended Studies. Students are required to complete 60 hours (4 hours daily maximum) per semester to earn .5 credit. This form must be submitted to Extended Studies.

Students may count up to a maximum of 4 hours per day of supervised practice and/or competition. If the student is submitting hours for competition, a copy of the competition program/agenda must be attached to the report with the activities that the student participated in circled.

I understand there is absolutely no tolerance for abuse of the course and that falsifying a student's participation in SCPE will result in the student earning no credit (U). I verify that I am not the parent or a close relative of this student.

## THE SECTION BELOW MUST BE COMPLETED BY THE COACH

Describe your program/class below, including such matters as goals, objectives, methods of evaluation, and/or methods of advancement.

I have read and do understand the requirements needed to participate as a coach or instructor for Supervised Curriculum PE.

\_\_\_\_\_  
Coach Name

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Coach's Telephone Number**

\_\_\_\_\_  
**Coach's Email Address**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID#