

SAN DIEGO UNIFIED SCHOOL DISTRICT

Aquatics Activity Plan

Name of School(s)/Department	Principal
Pool/Facility	Contact Person (Non-district Employee Authorizing Pool Use)
Telephone Number	
General Education _____ Recreational Swimming _____	Special Education _____ Interscholastic Athletics _____
Dates of Instruction _____ Month/Day/Year	to _____ Month/Day/Year
and _____ Month/Day/Year	to _____ Month/Day/Year
Periods or Class Times for Instruction	
Estimated Number of Participating Students	
Grade Level(s) or Age Span(s)	
Certificated Teacher Names	
Other Staff Members	
Qualified Non-district Staff Providing Instruction	

This is to confirm that each teacher and staff member is qualified in accordance with the provision of District Administrative Procedure 4178, C.5.a. through C.6.b., as well as this is to confirm that coverage by non-district personnel is equal to the requirements set forth in the subparagraphs of Section C of District Administrative Procedure 4178.

Aquatics Activities Plan (Narrative describing your program and essential elements)

Attach additional pages or documents as appropriate to clarify the plan. Plans for Special Education aquatics must include a list of all participating students, their individual aquatics needs, and a description of the instruction and supervision scheme. If aquatics activity is recreational swimming, indicate "Recreational Swimming Only."

Course of Study

_____ American Red Cross Swimming Course material or equivalent agency material

_____ Site-developed course of study (copy attached)

Other instructional materials used in the program:

Approval(s)

Principal

Date

Area Superintendent

Date

Forward to Physical Education, Health and Athletics Department.

Director
Physical Education, Health and Athletics Department

Date