

**Iowa City Community School District
INDIVIDUAL STUDENT PHYSICAL ACTIVITY PLAN 2009-2010**

Student name: Student Sally

Grade: 9th

Physical activity requirement: minimum of 120 minutes (2 hours) per week in which there are at least five days of school.

Physical activity means “any movement, manipulation, or exertion of the body that can lead to improved levels of physical fitness and quality of life.” Students in grades seven through twelve may meet the 120-minute physical activity requirement by participation in the following activities including, but not limited to:

- Physical education class
- Interscholastic athletics sponsored through the school
- School-sponsored marching band, show choir, dance, cheerleading, or similar activities
- Non-school gymnastics, dance, team sports, individual sports
- Similar activities that involve movement, manipulation, or exertion of the body, such as an individual exercise program, body building activities, physical activity associated with a student’s part-time job or chores at home.

This form is intended to verify compliance with the Healthy Kids Act of 2009, which was passed by the Iowa Legislature in 2009 and is in effect beginning with the 2009-10 school year. ALL ICCSD Junior High and High School students must have a completed & signed form on file!

1st trimester August 20 – November 12			2nd trimester November 16 - February 26			3rd trimester March 3 – June 3		
Activity	Start/End Dates	Hours per week	Activity	Start/End Dates	Hours per week	Activity	Start/End Dates	Hours per week
Football	8/10 – 10/28	10 hours +	PE – daily	11/16 – 2/26	2 hours +	Weightlifting	3/1 – 3/14	2 hours +
Jogging	10/28 – 11/12	2 hours				Golf	3/15 – 5/17	10 hours +
						Jogging	5/15 – 6/3	2 hours

By signing this form, I assure that I will engage in the above plan during the 2009-10 school year.

Signed: _____
(Student)

Date: _____

By signing this form, I assure that the student in my care will engage in the above plan during the 2009-10 school year.

Signed: _____
(Student’s Parent/Guardian)

Date: _____

By signing this form, I assure that I have reviewed this plan with the student named above.

Signed: _____
(Student’s PE Teacher or Counselor)

Date: _____