

**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 ____ **Special Education** ____ **Interscholastic Athletics** ____
Recreational Swimming ____

Dates of Instruction _____ **to** _____
Month/Day/Year Month/Day/Year
and _____ **to** _____
Month/Day/Year Month/Day/Year

Periods or Class Times for Instruction

Grade Level(s) or Age Span(s)

Certificated Teacher Names

Other Staff Members

This is to confirm that each teacher and staff member is qualified in accordance with the provisions of District Administrative Procedure 4178, C.5.a. through C.6.b.

Date _____
Principal

Qualified Non-district Staff Providing Instruction

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. _____ (Initials of Principal)

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