COURSE NUMBER & TITLE:  PEAC 2460-01  
Field Experience, Physical Education

SEMESTER/YEAR:  Fall 2006

LECTURE:  0   LA B HOURS: 2-4   CREDIT HOURS:  1

CLASS TIME:   TBA   DAYS: TBA   ROOM: TB 162
Arrange project, time and days with the Instructor.

INSTRUCTOR'S NAME:   Abe Steward

OFFICE:   TB 161   PHONE:   268-2259
EMAIL:  asteward@caspercollege.edu

OFFICE HOURS:   As Posted

COURSE DESCRIPTION:  This Physical Education course includes thirty to sixty hours per credit of hands-on experience observing, assisting, and instructing in various physical education activities. Activities include swimming, fitness, gymnastics, adaptive physical education, elementary physical education, individual sports, team sports, and coaching.

STATEMENT OF PREREQUISITES:    Permission of the instructor

GOAL:  To provide students the opportunity to explore various disciplines within physical education.

OUTCOMES:  The student will explore various disciplines within physical education by teaching fitness, athletic training, outdoor education, or coaching.

METHODOLOGY:  observation, demonstration, participation

EVALUATION CRITERIA:  The student will submit a plan for thirty to sixty hours of hands-on experience observing, assisting or instructing at an acceptable activity in the community of Casper. The student and instructor will select an area of interest. Students will be required to keep a journal of their daily participation in the field experience. Students will be required to write a final report describing their experiences. Students will be evaluated on their completion of hours, and their written reports. A supervising person must document all activities in field experience.

REQUIRED TEXT, READINGS, AND MATERIALS:None
CLASS POLICIES:
Last Date to Change to Audit Status: Please refer to current Casper College catalog.
Last Date to Withdraw with a W Grade: Please refer to current Casper College catalog.

STUDENT RIGHTS AND RESPONSIBILITIES: Please refer to the Casper College Student Conduct and Judicial Code for information concerning your rights and responsibilities as a Casper College Student.

Chain of Command: If you have any problems with this class, you should first contact the instructor in order to solve the problem. If you are not satisfied with the solution offered by the instructor, you should then take your problem through the appropriate chain of command starting with the department head, then the division chair, and lastly the vice president for academic affairs.

Academic Dishonesty - Cheating & Plagiarism: Casper College demands intellectual honesty. Proven plagiarism or any form of dishonesty associated with the academic process can result in the offender failing the course in which the offense was committed or expulsion from school. See the Casper College Student Code of Conduct.

ADA Accommodations Policy: It is the policy of Casper College to provide appropriate accommodations to any student with a documented disability. If you have a need for accommodation in this course, please make an appointment to see me at your earliest convenience.

Physical activity can cause injury. If you don’t have an insurance policy the Physical Education Department recommends that you consider a student policy.

Schedule: TBA
This proposed course of study should be written jointly by the student and the instructor to a mutual satisfaction within two (2) weeks of the beginning of classes that semester, (one (1) week for summer school).

If the proposal is not completed by the student within the requisite period, enrollment in the course may be withdrawn by the instructor.

The instructor will plan and supervise the students’ requirements according to this proposal. Evaluation will be the supervising instructor’s responsibility.

**Student Agreement:**

I understand and agree that I must contact the instructor and outline a course proposal within the required time period stated above. I understand that I have no Workman’s Compensation coverage related to this course and any injury must be paid for by my personal insurance.

____________________________  ______________________________
Date  Student Signature

**Outline of Proposed Course of Study:**
INSURANCE LIABILITY

I, ______________________ (print name), am participating in an unpaid work experience/practicum/internship at _____________
____________________ (site) through ______________________(class) at Casper College. I understand I am covered by my own medical insurance if I am injured on the job. Casper College and my work site do not have liability or accident insurance, which covers me for accidents during this work experience.

Signed ______________________

Date ______________