



North East ISD
Off Campus Physical Activity (OCPA)
Agency Instructor Training Agreement

Agency Name: _____

Agency Address: _____

Agency Off Campus PA Coordinator: _____

Coordinator Email Address: _____

Agency Off Campus PA Instructor Name: _____

Instructor Email Address: _____

Instructor Phone Number including area code: _____

By signing below, both parties agree that a thorough training was conducted by the Agency OCPA Coordinator and (Agency OCPA Instructor Name) _____.

The Agency OCPA Instructor received verbal and written information regarding the OCPA process, guidelines, and responsibilities of all parties involved in this agreement. The Agency OCPA Instructor agrees to communicate within 10 business days any changes or issues as outlined in the Agency Application and NEISD OCPA Overview and Responsibilities document to the NEISD Physical Education and Health Department.

Agency OCPA Instructor *Signature*

Date

Agency OCPA Coordinator *Signature*

Date

**** Agency OCPA Instructor must attach documentation of exceptional quality training to include resume and certificates.**