

July 1992

To: Directors of Physical Education/Athletics

From: Donald D. Lindell, Bureau of Physical Education and Safety Education

Subject: Revised Selection/Classification Procedures and Standards

Attached is the newly revised manual for the Selection/Classification Procedures and Standards. This manual includes information on the specific responsibilities of the director, a check list for the director, answers to common questions about the Selection/Classification Program and a series of Attachments to be used in processing students through the screening procedures.

In order to implement the new procedures and standards, at the suggestion of the advisory committee, the following policy has been established:

1992 FALL SPORTS SEASON

Schools will have the option of using either the old or new Selection/Classification standards.

1992 WINTER SPORTS SEASON

After October 1, 1992 all students must meet the new standards.

NOTE: If the old standards are used in the fall of 1992 all students who qualified must be retested using the new standards for the winter season of 1992 and beyond.

Students who have previously qualified for a specific sport at a specific level under the old standards, may continue to compete at that level without retesting. However, any change in sport or level must be accomplished via the use of the new procedures and standards.

If you have any specific questions that are not answered in the manual, you may call our office at (518) 474-5820.

Attachment

**SELECTION/CLASSIFICATION PROGRAM**  
**PROCEDURES FOR IMPLEMENTATION**

*“It is not at what age you participate,  
but rather with whom and under what conditions”*

*J. Kenneth Hafner*

**AUGUST 1992**

**The University of the State of New York**  
**THE STATE EDUCATION DEPARTMENT**  
**Pupil Health and Fitness**  
**Albany, New York 12234**

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## INTRODUCTION

The Selection/Classification Program is a process for screening students to determine their readiness to compete in interscholastic athletic competition by evaluating their physical maturity, fitness and skill. The intent of this program is to provide for students in grades 7 through 12 to safely participate at an appropriate level of competition based upon readiness rather than age and grade. Students do not mature at the same rate and there can be a tremendous range of developmental differences between students of the same age. This program has been designed to assess a student's physical maturation, physical fitness and skill, so the student may be placed at a level of competition which should result in increased opportunity, a fairer competitive environment, reduced injury and greater personal satisfaction.

The Selection/Classification Program was designed for mature and exceptionally skilled students to advance to an upper level and less developed students to participate at an appropriate lower level that is suited to their development and ability. The program is not to be used to fill positions on teams, provide additional experience, provide a place for junior high students when no modified program is offered, or to reward a student. It is aimed at the few select students who can benefit from such placement because of their level of readiness. It will also be more fair to the other students on the modified teams.

In 1937 the Board of Regents first established the Regulations of the Commissioner of Education governing interscholastic athletics. Only age and grade criteria were cited as factors in team participation. Over the years, it became apparent that new criteria had to be formulated to give a more accurate measurement for eligibility, and to highlight the inherent differences in the various individual and team sports.

In the early 1970's, J. Kenneth Hafner, Director of Safety and Research for the New York State Public High School Athletic Association, developed the Selection/Classification Program after years of experimentation and research. This program tested the regulations which govern eligibility - age, grade, seasons, and semesters of participation. It included screening procedures based on the degree of strenuousness and contact involved in each sport. The data resulting from Mr. Hafner's work demonstrated that this procedure resulted in fairer and safer participation. Medical authorities participated in the development of the screening standards, including members of the School Health and Sports Committee of the Medical Society of New York State and other sports medicine specialists. In 1980 the Board of Regents amended the regulations to include the Selection/Classification procedures as part of the interschool eligibility rules. The pertinent section - Section 135.4 (c)(7)(ii)(a)(4) of the Regulations of the Commissioner of Education reads as follows:

“A Board of Education may permit pupils in grades no lower than seventh to compete on any senior high school team, or permit senior high pupils to compete on any teams in grades no lower than seventh, provided the pupils are placed at levels of competition appropriate to their physiological maturity, physical fitness and skills in relationship to other pupils on those teams in accordance with standards established by the Commissioner.”

Normally a student is eligible for senior high athletic competition in a sport during each of four consecutive seasons commencing with the youngster's entry into the ninth grade. However, by satisfying the requirements of the Selection/Classification Program a student may receive extended eligibility to permit:

- a) Participation during five consecutive seasons in the approved sport after entry into the eighth grade; or
- b) Participation during six consecutive seasons in the approved sport after entry into the seventh grade.

During the 1991-92 school year, further data was collected to revise and update the physical fitness requirements of the program. The new standards were established by testing student athletes at participating school districts throughout the State. The new standards are referred to as Athletic Performance Standards and are included in this booklet.

Acknowledgement and appreciation is given to a number of persons who contributed to the revision of the Selection/Classification manual and procedures. David Wooster, Director of Physical Education for the Guilderland Central Schools, developed the forms and data reporting procedures for athletic performance standards. Robert Sullivan, retired Director of Physical Education and Athletics of the Bayport-Blue Point Central School, organized and developed the content of the manual and related attachments.

The following persons served on the Athletic Performance Standard Advisory Committee: Doug Prato, Commack Union Free School District; Don Allen, East Greenbush Schools; Janet Carey, Fallsburg Central School; Pat Grasso, Laurens Central School and Robert Sullivan, retired.

William Dolan, M.D., Chairman of the Medical Society of New York State Committee on School Health and Sports and his committee members gave helpful recommendations for improvement of the male and female Developmental Screening forms.

A thank you is also extended to Dr. Sandra Scott, Executive Director of the New York State Public High School Athletic Association (NYSPHSAA) and the Association Sports Committees for their suggestions on the weighted items of the athletic performance standards.

This revision would not be possible if it were not for the cooperation of more than 100 directors of physical education/athletics, hundreds of coaches and thousands of athletes who participated in the collection of data. The advisory committee used this data in establishing the revised standards.

**DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS**  
**RESPONSIBILITIES FOR IMPLEMENTATION:**

The Director of Physical Education/Athletics shall be responsible for ensuring that the intent of the Selection/Classification Program is complied with by all persons involved. The following steps must be taken:

1. Confirm that the school district has approved a resolution to allow students to participate in the Selection/Classification Program. If no such resolution exists, proper steps should be taken to ensure that this first requirement is accomplished. (See Attachment A - sample resolution)
2. Process a student through the Selection/Classification Program when requested by the student, recommendation by a coach or physical education teacher, or at the suggestion of the director. It is not appropriate to test large numbers of students on the Athletic Performance Test and then refer only those who passed the test to the school physician. All students who are to be screened for the program must first obtain parental permission and then start with the school physician. Athletic Performance Testing may be done only after Selection/Classification approval is given by the school physician.
3. Send letters and forms to the individuals involved in the Selection/Classification process as follows:
  - a) Parents - The screening procedure must not be started until parental permission has been received by the director of physical education/athletics. (See Attachment C)
  - b) Health and Developmental Rating by the School Physician - Care must be taken to familiarize the school physician with the Selection/Classification Program and its purpose. It should be emphasized that the screening process to determine the Developmental Rating of each candidate be as inconspicuous and discrete as possible. (See Attachments D and E)
  - c) Athletic Performance Testing - The six item Athletic Performance Test should be administered by a physical educator who is not the coach of the team for which the student is being evaluated. (See Attachment F)
  - d) Sports Skill Evaluation by the Coach - The coach must understand the intent and purpose of the program and he/she must place the student's welfare above all else. (See Attachment G)
4. Mail notices to all schools and Section officials announcing the students approved to participate in the Selection/Classification Program and listing their athletic performance scores. (See Attachment H)

5. Maintain a permanent Selection/Classification record for each student who qualifies. This record is to remain on file in the director's office. The following information must be included:

- INDIVIDUAL ATHLETIC PROFILE FORM (ATTACHMENT B)
- PARENTAL PERMISSION (ATTACHMENT C)
- DEVELOPMENTAL SCREENING
- (ATTACHMENT D - MALES)
- (ATTACHMENT E - FEMALES)
- ATHLETIC PERFORMANCE TESTING RESULTS  
(ATTACHMENT F)
- COACH'S SPORTS SKILL EVALUATION (ATTACHMENT G)
- NOTIFICATION OF QUALIFICATIONS (ATTACHMENT H)

**DIRECTOR'S CHECK LIST FOR PERMANENT  
SELECTION/CLASSIFICATION PROFILE**



**CHECK**

**PARENTS**

- Correspondence sent out DATE \_\_\_\_\_
- Discussions took place DATE \_\_\_\_\_
- Permission slip returned DATE \_\_\_\_\_

**MEDICAL APPROVAL**

- Correspondence sent out DATE \_\_\_\_\_
- Evaluation returned DATE \_\_\_\_\_

**ATHLETIC PERFORMANCE**

- Correspondence sent out DATE \_\_\_\_\_
- Test results returned DATE \_\_\_\_\_

**COACH'S SKILL EVALUATION**

- Correspondence sent out (if applicable) DATE \_\_\_\_\_
- Evaluation returned DATE \_\_\_\_\_

**INDIVIDUAL ATHLETIC PROFILE** DATE \_\_\_\_\_

Copy of letter sent to opposing schools/section DATE \_\_\_\_\_

## ANSWERS TO COMMON QUESTIONS

1. **Question:**

Who may initiate the Selection/Classification Process?

**Answer:**

Students, teachers, coaches or parents may request that the director of physical education/athletics process a student through the screening procedure. Students should not be exposed to the screening without a specific request.

2. **Question:**

If a seventh or eighth grade student has reached the chronological age for senior high school, is he/she required to go through the Selection/Classification process?

**Answer:**

If a student in grade seven or grade eight is 15 years old prior to September 1, they are eligible to participate on high school teams without going through the Selection/Classification screening procedure. Only medical approval is required. The reason that these students are eligible for high school teams is because they are already at an advanced age and will lose some of their four years of high school eligibility due to over age if not allowed eligibility.

3. **Question:**

Does the Selection/Classification provision allow a senior high student to participate on the modified program?

**Answer:**

Yes, provided they are screened and their maturity and athletic performance standards match those of the students on modified programs.

4. **Question:**

If a student qualifies for participation on a fall sport, can this approval be used to qualify for a winter sport?

**Answer:**

Yes, provided the requirement for maturity and athletic performance standards for the winter sport do not exceed those of the fall sport.

**5. Question:**

If a student qualifies for participation in the 7th grade, must he repeat the process in the 8th grade?

**Answer:**

No, the process need not be repeated so long as they remain at the same level in the same sport. If they change sports or levels, the screening procedure must be repeated.

**6. Question:**

If a student fails to meet one of the athletic performance items of the Selection/Classification Program, is he/she automatically eliminated from participation?

**Answer:**

Yes. However, the student may be retested as many times as is appropriate for a specific item or items. If there is a sound basis for a special approval, it can be requested from the State Education Department. (See Attachment B)

**7. Question:**

Are there any provisions made for handicapped students who are unable to take or pass a component in the athletic performance test?

**Answer:**

Not within the normal procedures of the program. However, special approvals can be requested of the State Education Department if it can be demonstrated that the student's safety is not being compromised.

**8. Question:**

Is it intended that this program be applied to all students or in only very special cases?

**Answer:**

Only students of unusually advanced or delayed fitness, maturity and skill should be considered for advanced placement through this program.

# ATTACHMENTS

## *ATTACHMENT A*

### RESOLUTION BY BOARD OF EDUCATION

WHEREAS, Section 134.5(c)(7)(ii)(a)(4) of the Regulations of the Commissioner of Education provides for a board of education to permit pupils in grades no lower than seventh grade to compete on interscholastic athletic teams organized for senior high school pupils, or senior high school pupils to compete on interscholastic athletic teams organized for pupils in the seventh and eighth grade; and

WHEREAS, these pupils are to be placed at levels of competition appropriate to their physiological maturity, physical fitness and skills in relationship to other pupils in accordance with the standards established by the Commissioner of Education; and

WHEREAS, the State Education Department issues the standards for these pupils to compete under a program called the Selection/Classification Program;

THEREFORE BE IT RESOLVED that the     (name of school district)     Board of Education shall permit     (pupil)     to compete under the Selection/Classification Program in all sports.\*

**\*NOTE:** If a limitation is to be placed on the specific sports to be included in the program, they should be listed in the resolution.

SELECTION/CLASSIFICATION

**INDIVIDUAL ATHLETIC PROFILE**

(PLEASE PRINT OR TYPE)

**PART I – SCHOOL INFORMATION FOR 20\_\_ - 20\_\_**

School _____	Superintendent _____
Address _____	School Physician _____
City _____	Director of P.E./Athletics _____
Zip Code _____	Phone (    ) _____

**PART II – PUPIL INFORMATION**

Name _____	Date of birth _____	Age _____
Height _____ (inches)	Weight _____ (lbs)	Sex: ___ Male ___ Female
		Grade _____

**PART III – EVALUATION INFORMATION**

Sport _____	Desired Level _____ (Varsity, Jr. Varsity, Frosh, Modified)
Parental Permission Received: _____ (Check)	
Medical Approval: _____ (Check)	Examination Date: ____/____/____

**DEVELOPMENTAL RATING:**

Female: Post Menarche Age (Years + Months) _____ Developmental Rating: _____	Male: Developmental Rating: _____
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**ATHLETIC PERFORMANCE TESTS RESULTS:**

Shuttle Run	Standing Long Jump	Flexed Arm Hang	Stomach Curls	50 Yard Dash	1.5 Mile Run
_____	_____	_____	_____	_____	_____
(1/10 sec.)	(ft. + inches)	(seconds)	(number)	(1/10 sec.)	(min. + sec.)

**PART IV – SPORTS SKILLS**

Prior Sports Experience: _____ _____ _____ _____
Coach's Rating in Desired Sport: (check)  Below Average      Average      Above Average      Superior

**PART V – FINAL PLACEMENT**

CHECK LEVEL OF FINAL PLACEMENT AFTER ALL PROCEDURES HAVE BEEN COMPLETED:			
VARSITY	JR. VARSITY	FROSH	MODIFIED

**SEE THE REVERSE SIDE FOR SPECIAL ATHLETIC PERFORMANCE APPROVALS FROM THE STATE EDUCATION DEPARTMENT**

## SPECIAL APPROVAL REQUEST APPLICATION

If the pupil listed on the reverse side of this form is unable to achieve the Athletic Performance requirements for the Selection/Classification program and you as the director of physical education/athletics believe there is a justified reason for this pupil to be allowed to compete at the desired level despite the unachieved scores, you may request special approval from the State Education Department for permission for this pupil to compete.

Please note that the State Education Department cannot give such an approval unless the school physician has given this pupil an acceptable Developmental Rating or signed the Special Case form. Please attach a copy of the Developmental Rating form signed by the school physician.

Mail this request to:     Bureau of Physical Education and Safety Education  
                                   STATE EDUCATION DEPARTMENT  
                                   Room 967 EBA  
                                   Albany, New York 12234

This pupil is unable to achieve the Athletic Performance scores for the following items for _____ <div style="text-align: right;">(Sport – Level)</div>						
	Shuttle Run	Standing Long Jump	Flexed Arm Hang	Stomach Curls	50 Yard Dash	1.5 Mile Run
Pupil Scores						
Required Scores						

I request a Special Approval for this pupil for the following reasons:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<hr/> Director of Physical Education/Athletics	<hr/> Date

<b>STATE EDUCATION DEPARTMENT USE ONLY</b>	
<input type="radio"/> <b>APPROVED</b>	<input type="radio"/> <b>DISAPPROVED</b>
<b>COMMENTS:</b>     	
<b>SIGNED:</b> _____ <b>DATE</b> ___/___/___	

**PARENTAL PERMISSION**

Dear Parent/Guardian:

There is a New York State regulation which permits a few qualified students to participate on an athletic team beyond their grade placement. It is called the Selection/Classification Program.

Your child \_\_\_\_\_ (name) may be eligible to participate in \_\_\_\_\_(sport) above normal grade level. In order to establish the appropriate eligibility, we must have your permission to begin the Selection/Classification screening process. This screening evaluates your child’s physiological maturity, athletic performance abilities (physical fitness) and athletic skill in relationship to other student athletes at the specific participation level.

If your child can successfully meet the requirements of the Selection/Classification Program, he/she will be allowed to participate in an extended athletic career. Under normal circumstances a student is only eligible for senior high school athletic competition in a sport for four consecutive seasons commencing with the student’s entry into ninth grade. However, by meeting the Selection/Classification requirements established by the New York State Education Department, your child’s eligibility can be extended to permit:

- a) Participation during five consecutive seasons in the approved sport after entry into the eighth grade; or
- b) Participation during six consecutive seasons in the approved sport after entry into the seventh grade.

It is important for you and your child to understand that once the requirements are met and he/she is accepted as a member of the team, he/she cannot return to a lower level team (modified) in that sport. Please feel free to contact me regarding this program or to discuss any aspect of your child’s athletic placement.

**In Section V NOTE: that beginning the fall of 2001,a 7<sup>th</sup> or 8<sup>th</sup> grader participating in the selection/classification program, and competing at the JV or Varsity level of competition, will be considered under the very strict, new, Section V Transfer Rule interpretation.**

If you agree to allow your child’s participation in this program, please sign and return the parental permission form to my office.

Sincerely,

\_\_\_\_\_  
Director of Physical Education/Athletics

**PARENT/GUARDIAN STATEMENT**

I understand the purpose and eligibility implications of the Selection/Classification Program. My son/daughter \_\_\_\_\_ (name) has my permission to participate in the Selection/Classification Program.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**SELECTION/CLASSIFICATION**  
**Developmental Screening – Male**

**THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sport \_\_\_\_\_  
 Desired Level: \_\_\_ Varsity \_\_\_ Jr. Varsity \_\_\_ Frosh \_\_\_ Modified  
 Parental/Guardian Permission Form Received: \_\_\_ Yes **REQUIRED RATING FOR THIS LEVEL** \_\_\_\_\_

**TO THE SCHOOL PHYSICIAN:**

Adolescent development of boys is visibly noticeable in body changes at about the age of 13 and can take as long as four years to complete. The physiological changes are concurrent with sexual development. While it is not true of all boys, most will show stages of this development by hair growth on the face, under the arms and in the pubic area.

**Note:** For the purposes of this screening test, a boy will be given a Developmental Rating based upon the stage of pubic hair growth as observed by you during the health examination.

**SCREENING PROCEDURES:**

1. REFERENCE THE STAGE OF PUBIC HAIR GROWTH ON CHART PROVIDED IN THE MATURITY SCALE BELOW.
2. IDENTIFY THE MATCHING DEVELOPMENTAL RATING NUMBER AND CIRCLE IT.
3. RETURN COMPLETED FORM TO THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS.

**THIS SECTION TO BE COMPLETED BY THE SCHOOL PHYSICIAN**

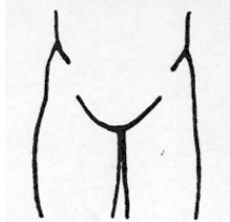
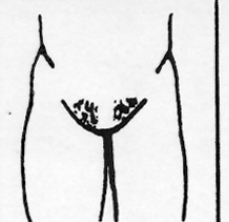
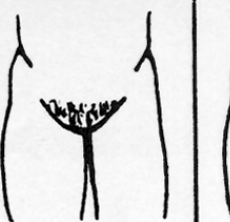


**MATURITY RATING**

CIRCLE the number of the drawing and description below which best matches his pubic hair growth.

**THIS SECTION TO BE COMPLETED BY THE SCHOOL PHYSICIAN**

**MATURITY RATING**

CIRCLE the number of the drawing and description below which best matches his pubic hair growth.

 None	 Lightly pigmented lateral to penis	 Pigmented lateral to and at base of the penis	 Coarse, curled hair resembling adult not on inner thigh	 Typical adult in type and quantity, extends down the thigh
1	2	3	4	5

**CIRCLE THE DEVELOPMENTAL RATING NUMBER**

**THIS STUDENT HAS A DEVELOPMENTAL RATING AS INDICATED ABOVE:**

SIGNED: \_\_\_\_\_ EXAMINATION DATE: \_\_\_/\_\_\_/\_\_\_  
 School Physician

\*\*\*\*\* SPECIAL CASE \*\*\*\*\*

*If this boy does not qualify for the Developmental Rating required by using the standards of the Maturity Scale on the reverse side of this form, but in your opinion he can safely compete with older boys at the level of play indicated below, you as the school physician may give him approval as a SPECIAL CASE.*

STUDENT: \_\_\_\_\_

SPORT: \_\_\_\_\_

**Physician Statement:**

I give my permission for this boy to participate on the team for this sport at the level as indicated below:

(Check appropriate level)

\_\_\_ VARSITY \_\_\_ JV      \_\_\_ FROSH    \_\_\_ MODIFIED

I realize he did not meet the requirements for this sport using the Maturity Scale for the Selection/Classification Program, but in my opinion he can safely compete with older boys. I, therefore, give him SPECIAL APPROVAL to play provided he can achieve the required scores on the athletic performance tests and has skills satisfactory to the coach.

**NOTE: Before signing, be sure to read the above physician statement carefully.**

Signed \_\_\_\_\_  
School Physician                      Date \_\_\_/\_\_\_/\_\_\_

**SELECTION/CLASSIFICATION**  
**Developmental Screening – Female**

**THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS**

Examination Date \_\_\_/\_\_\_/\_\_\_  
 Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Date of Onset of Menarche \_\_\_/\_\_\_/\_\_\_  
 Sport \_\_\_\_\_ Level: \_\_\_ Varsity \_\_\_\_\_ Jr. Varsity \_\_\_\_\_ Frosh \_\_\_\_\_ Modified \_\_\_\_\_

Parental/Guardian Permission Form Received: \_\_\_\_\_ Yes      **REQUIRED RATING FOR THIS LEVEL \_\_\_\_\_**

**TO THE SCHOOL PHYSICIAN:**

Signs of female adolescent development may be noticeable as early as age eleven. The physiological changes are normally concurrent with, or followed by, menarche and usually take four years to complete. The mean age at which menarche occurs in females is approximately 12 years 7 months.

**Note:** For the purposes of this screening test, a girl is assumed to have a Developmental Age of 12 years and 6 months at the onset of menarche regardless of her chronological age.

**SCREENING PROCEDURES:**

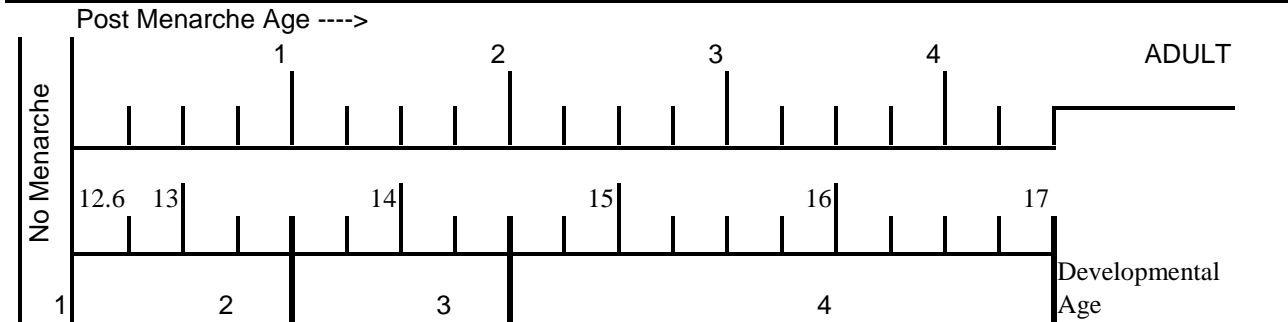
4. REFERENCE THE POST MENARCHE AGE ON CHART PROVIDED IN THE MATURITY SCALE BELOW.
5. IDENTIFY THE MATCHING DEVELOPMENTAL RATING NUMBER AND CIRCLE IT.
6. RETURN COMPLETED FORM TO THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS.

**THIS SECTION TO BE COMPLETED BY THE SCHOOL PHYSICIAN**

**Suggestion:** Have the nurse ask the girl about her menarche if a male physician is doing the rating.

**MATURITY SCALE**

Mark a point on the first line to indicate the years and months elapsed since the onset of menarche. The point directly below on the second line shows her Developmental Age. The Developmental Age is then used to give her Developmental Rating from 1 – 4 as follows: 1 = no menarche; 2 = 12.6 – 13.6; 3 = 13.6 – 14.6; 4 = 14.6 – Adult.



**CIRCLE THE DEVELOPMENTAL RATING NUMBER**

**THIS STUDENT HAS A DEVELOPMENTAL RATING AS INDICATED ABOVE:**

SIGNED: \_\_\_\_\_ EXAMINATION DATE: \_\_\_/\_\_\_/\_\_\_  
 School Physician

**\*\* For Special Cases See Below \*\***

\*\*\*\*\* SPECIAL CASE \*\*\*\*\*

*If this girl does not qualify for the Developmental Rating required by using the standards of the Maturity Scale on the reverse side of this form, but in your opinion she can safely compete with older girls at the level of play indicated below, you as the school physician may give her approval as a SPECIAL CASE.*

STUDENT: \_\_\_\_\_

SPORT: \_\_\_\_\_

**Physician Statement:**

I give my permission for this girl to participate on the team for this sport at the level as indicated below:

(Check appropriate level)

\_\_\_ VARSITY \_\_\_ JV      \_\_\_ FROSH    \_\_\_ MODIFIED

I realize she did not meet the requirements for this sport using the Maturity Scale for the Selection/Classification Program, but in my opinion she can safely compete with older girls. I, therefore, give her SPECIAL APPROVAL to play provided she can achieve the required scores on the athletic performance tests and has skills satisfactory to the coach.

**NOTE: Before signing, be sure to read the above physician statement carefully.**

Signed \_\_\_\_\_  
School Physician                      Date \_\_\_/\_\_\_/\_\_\_

**ATHLETIC PERFORMANCE TESTING**  
**INSTRUCTIONS TO THE TESTER**

\_\_\_\_\_ (name) has been approved by the school physician to take the Athletic Performance Test items for the sport indicated below. Please proceed with the testing as described in Attachment I and in the following manner:

1. Refer to the instructions on administering the Six Item Athletic Performance Test. Read Attachment I carefully, gather the materials needed and make sure that the area is prepared for testing.
2. The test can be given in any time frame and in any order, any of the six items may be retested as many times as desired. Please note that the entire six items may not be required in some sports. Test only those items required for the sport that the student will be playing. Only the best scores should be recorded.
3. Encourage the student to do his/her best on each test item. Before commencing with the test inform the student of the minimum requirement for each component in order to qualify. (See Attachment J)
4. Return this score sheet to the director's office as soon as the test is completed.

**ATHLETIC PERFORMANCE TEST SCORES**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 Desired Sport \_\_\_\_\_ Desired Level \_\_\_\_\_  
 Test Administered By \_\_\_\_\_ Date \_\_\_\_\_

<u>Components</u>	<u>Score</u>
SHUTTLE RUN (nearest tenth)	_____ 1/10 seconds
STANDING LONG JUMP (feet and inches to nearest inch)	_____ feet + inches
FLEXED ARM HANG (nearest second)	_____ seconds
STOMACH CURLS (one for each <u>completed</u> movement)	_____ number
50 YARD DASH (nearest tenth of a second)	_____ 1/10 seconds
1.5 MILE RUN/WALK (in minutes and nearest second)	_____ minutes + seconds

**COACH'S SPORT SKILL EVALUATION**  
**INSTRUCTIONS TO THE COACH**

Coach \_\_\_\_\_

Sport \_\_\_\_\_ Level \_\_\_\_\_

\_\_\_\_\_ (student's name) is a candidate for the Selection/Classification Program. As the coach of the team, your complete assessment of his/her skill level is an important factor in this process. Please complete and return this form as soon as possible. The student's parents have given them permission and the school physician has cleared him/her to be evaluated by you.

1. If you are familiar with the candidate, please write an evaluation of his/her skill level on the back side of this sheet. Supporting information would be helpful in determining proper placement, so be specific. If you are not familiar with the candidate, I would appreciate it if you would contact his/her former coaches for their assessment and schedule a short "audition" session if practical.
2. What level of play would you recommend for this student \_\_\_\_\_(level). Is it likely he/she would be in the starting line-up? \_\_\_\_ Yes      \_\_\_\_ No

If not, what percentage of quality playing time would you estimate he/she would receive at that level? \_\_\_\_%

NOTE:

Students elevated to advanced levels of competition by this process should be few and far between. The program is intended only for the unusually gifted athlete who has the physical maturity and athletic skills to be placed beyond other youngsters in his/her chronological age bracket. Abuses in the program by the decision-makers who seek to satisfy the needs of the team rather than considering the well being of the individual cannot be condoned. There are many potential social/emotional pitfalls that must be avoided, and once a student is elevated, the decision is irreversible. Please keep in mind that no practices may be attended until you are notified by the director's office that the student's parental permission has been granted and the student has successfully completed an athletic health appraisal and development screening by the school physician.

3. Rate this student's skills relative to other members of the team.

\_\_\_\_ Below Average    \_\_\_\_ Average    \_\_\_\_ Above Average    \_\_\_\_ Superior

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

**NOTIFICATION OF QUALIFICATIONS**

Date: \_\_\_\_\_

To: Executive Director, Section \_\_\_\_\_

From: Director of Physical Education/Athletics

School: \_\_\_\_\_

Subject: Selection/Classification - Qualified Students

Season: \_\_Fall \_\_Winter \_\_Spring

Please accept this as official notification that the following student(s) successfully completed the requirements of the August 1992 Revised Selection/Classification Program:

				ATHLETIC PERFORMANCE SCORES					
Name	Grade	Sport	Level	Shuttle Run	Standing Long Jump	Flexed Arm Hang	Stomach Curls	50 Yard Dash	1.5 Mile Walk/Run
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

cc: Schools on sports schedules - copy to the director's office

**ATHLETIC PERFORMANCE TEST**  
**SELECTION/CLASSIFICATION**

Components:

1. Lower Limbs
  - a) Agility – SHUTTLE RUN
  - b) Explosive power of muscles – STANDING LONG JUMP
  
2. Upper Body

Arm and shoulder muscle strength and endurance – FLEX ARM HANG
  
3. Abdomen

Abdominal muscle strength and endurance – CURL-UPS (Sit ups)
  
4. Speed

Running Speed – 50 YARD DASH
  
5. Cardiovascular

Cardiorespiratory system endurance – 1.5 MILE RUN/WALK

**General Rules of Testing**

- Component may be retested as many times as desired to achieve the best performance.
- Test components may be administered in any order.
- There is no time frame for testing.

## Description of Test Items

### 1. LOWER LIMBS

a) *Item:* **SHUTTLE RUN**

*Equipment:* Two blocks of wood, 2" x 2" x 4", a split-second stop watch

*Description:* Two parallel lines marked on the floor 30 feet apart. Place blocks of wood behind one of the lines. Athlete starts from behind the other line. On the signal "Ready – Go", the athlete runs to the blocks, picks up one, runs back to starting line and places it behind the line; then runs back and picks up the second block which is carried back across the starting line.

*Rules:* Allow two trials with a maximum of five minutes rest between. Athlete may not throw the block of wood, it must be placed behind the line.

*Scoring:* Record the fastest of the trials **to the nearest tenth of a second.**

b) *Item:* **STANDING LONG JUMP**

*Equipment:* Mat or floor and tape measure

*Description:* Athlete stands with feet several inches apart and toes just behind the take-off line. Swing arms backward and bending the knees, the jump is accomplished extending the knees and swinging the arms forward.

*Rules:* Allow three trials. Measure from the back edge of the take-off line to the heel or part of the body that touches the floor nearest the take-off line. (Suggestion: Tape the measure to the floor starting at the back of the take-off line and have the athlete jump along the tape so scorer can observe the mark to the nearest inch.)

*Scoring:* Record the best of three trials in **feet and inches to the nearest inch.**

## 2. UPPER BODY

a) *Item:* **FLEXED-ARM HANG**

*Equipment:* Horizontal bar approximately 1 ½" in diameter.

*Description:* Adjust bar height so it is approximately equal to the athlete's standing height. Use an overhand grasp (palms away from the face). With two spotters, one in front and one in back, athlete raises body off the floor to a position where the chin is above the bar, elbows flexed and chest close to bar. Hold this position as long as possible.

*Rules:*

- a) Start watch as soon as athlete has chin above the bar.
- b) Stop watch when chin touches the bar, head tilts back to keep chin above bar or chin falls below level of the bar.

*Scoring:* Record **to the nearest second** for the length of time the athlete can hold the start position.

## 3. ABDOMEN

a) *Item:* **CURL-UPS (Sit-ups)**

*Equipment:* Mat and stop watch

*Description:* Athlete lies on back with knees bent, feet flat on the floor, heels 12" from the buttocks and back flat on the floor. Arms across the chest, fingers on the opposite shoulder, elbows against chest. For taller athletes this distance may be adjusted to accommodate him/her. With someone holding the feet down, the athlete brings upper body forward, curling up (sitting up) to touch elbows to thighs. That is one curl-up. Athlete must return to start position before starting next curl-up. Exercise is repeated for one minute and athlete completes as many curl-ups as possible in the one minute interval.

*Rules:* Fingers must remain in contact with shoulder, back should be rounded and head forward on the way up. Scapula must touch the floor before starting next curl-up. Hips must remain on the floor.

*Scoring:* Record **one curl-up (sit-up) for each completed movemetrn of touching elbows to thighs.** No score if the fingertips do not maintain contact with shoulders or elbows are extended or if hips leave the ground.

#### 4. **SPEED**

a) *Item:* **50 YARD DASH**

*Equipment:* Track or area marked off 50 yards and split second stopwatch.

*Description:* With arm raised, a starter uses the command “Ready – Go” and accompanies the command with a fast downward sweep of the arm to provide the timer with a visual signal to start the watch.

*Rules:* Time required between the starter’s signal and the instant the athlete crosses the finish line.

*Scoring:* Record in seconds **to the nearest tenth of a second.**

#### 5. **CARDIOVASCULAR**

a) *Item:* **1.5-MILE RUN/WALK**

*Equipment:* Track or area marked off for 1.5 mile and stopwatch.

*Description:* Standing at starting line, the athlete begins to run on the signal from starter/timer of “Ready – Go”. Starter/timer positions self at the finish line.

*Rules:* Walking is permitted. However, the object is to cover the distance in the shortest time possible.

*Scoring:* Record in seconds **in minutes and nearest second.**