

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.

**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 _____

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

<p>I request a Special Approval for this pupil for the following reasons:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p>Director of Physical Education/Athletics</p> </div> <div style="width: 30%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p>Date</p> </div> </div>

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

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 7th or 8th 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:

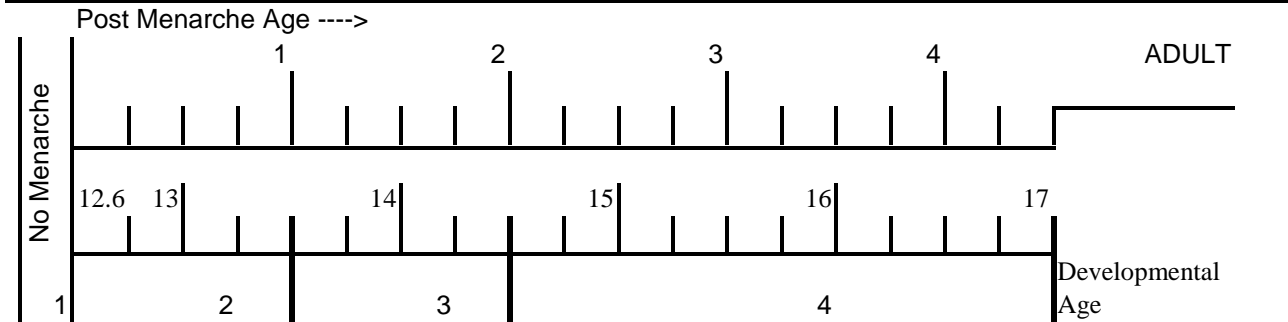
4. REFERENCE THE POST MENARCHE AGE ON CHART PROVIDED IN THE MATURITY SCALE BELOW.
5. IDENTIFY THE MATCHING DEVELOPMENTAL RATING NUMBER AND CIRCLE IT.
6. RETURN COMPLETED FORM TO THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS.

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