

**ATHLETIC PLACEMENT PROCESS
FOR
INTERSCHOOL ATHLETIC PROGRAMS**



The University of the State of New York
The New York State Education Department
Office of Curriculum and Instruction
Albany, New York 12234
February 2015

**DIRECTOR OF PHYSICAL EDUCATION AND/OR ATHLETIC DIRECTOR ATHLETIC
PLACEMENT PROCESS CHECKLIST**

STUDENT NAME: _____ **GRADE:** _____

PARENTS/GUARDIANS

- Correspondence sent out DATE _____
- Discussions took place DATE _____
- Permission slip returned DATE _____
- Final determination letter sent out DATE _____

DISTRICT MEDICAL DIRECTOR (SMD)

- Maturity form sent out DATE _____
- Evaluation returned DATE _____

Process stops if student is not approved by the medical director

COACH'S SPORT SKILL EVALUATION

- Correspondence sent out DATE _____
- Evaluation returned DATE _____

Process stops if desired sport skill level is not considered appropriate for desired level of competition

PHYSICAL FITNESS TEST

- Correspondence sent out DATE _____
- Test results returned DATE _____

Process stops if student fails more than one component of the fitness test

TRY-OUT EVALUATION

- Correspondence sent out DATE _____
- Evaluation returned DATE _____

NOTIFICATIONS SENT

- TO SCHOOLS (copy) DATE _____
- TO SECTION (copy) DATE _____

DISTRICT MEDICAL DIRECTOR
ATHLETIC PLACEMENT PROCESS CHECKLIST

STUDENT NAME: _____ **GRADE:** _____

MEDICAL DIRECTOR APPROVAL

- Physical Maturity Form sent to Dir. PE/ATH

DATE _____

MEDICAL DIRECTOR DENIAL

- Physical Maturity Form sent to Dir. PE/ATH

DATE _____



ATHLETIC PLACEMENT PROCESS

PARENT/GUARDIAN PERMISSION

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Dear Parent/Guardian:

There is a New York State Education Department (NYSED) program that permits physically and emotionally appropriate students to try out for an athletic team that is outside of their grade placement. It is called the Athletic Placement Process (APP). Your child (name): _____ may be eligible to participate in the sport of _____ outside of his or her normal grade level. In order to establish the appropriate eligibility, we must have your permission to begin the APP.

This evaluation is a comprehensive evaluation of your child's emotional and physical maturity (including height and weight); as well as athletic abilities, physical fitness, and sport-specific athletic skill in relationship to other student athletes at that level.

Physical maturity is determined by the district medical director during a physical exam, using the Tanner Scale. The Tanner Scale requires the inspection of the entire body, including the breasts and genitals. The district does not accept Tanner ratings from private medical providers. The district does accept a history of menarche for girls in place of a physical examination. Upon passing the medical clearance, the student may proceed to the physical fitness and skill assessments. Students must pass all levels in order to meet the requirements of the APP.

If your child successfully meets the requirements of the APP, he/she will be allowed to try out for competitive high school athletics during 7th and/or 8th grade(s). Under normal circumstances, a student is eligible for senior high school athletic competition in a sport for only four consecutive seasons, beginning with the student's entry into the ninth grade. However, by meeting the Athletic Placement Process requirements established by NYSED, 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 if he/she is accepted as a member of the team, he/she cannot return to a lower-level team (modified) in that sport in that season. Remember, at the higher level of play your child will be exposed to the social atmosphere that is common among older students in a high school environment. Therefore, it is important to take into account your child's ability to handle the additional demands.

Please feel free to contact me regarding this program or to discuss any aspect of your child's athletic placement. If you agree to allow your child's participation in this program, please sign and return the parental permission form to my office.

Sincerely,

Christian Maher
Director of Health, Physical Education and Athletics



ATHLETIC PLACEMENT PROCESS

PARENT/GUARDIAN PERMISSION

PARENT/GUARDIAN STATEMENT

I have read the attached letter and I understand the purpose and eligibility implications of the Athletic Placement Process.

My son/daughter (name): _____ has my permission to undergo the evaluation process and to participate in this program. I understand that the determination of physical maturity is a private examination involving inspection of breasts and genitals and will be done by a licensed school health professional, and I give my permission for the examination. Upon passing the medical clearance, he/she may proceed to the physical fitness and skill assessments. I understand that passing the evaluation process does not guarantee my child a position on a team, but only permits them to try out.

Parent/Guardian Signature

Date

ATHLETIC PLACEMENT PROCESS

PHYSICAL MATURITY FORM

THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF PHYSICAL EDUCATION AND/OR ATHLETIC DIRECTOR:

Student's Name _____ Grade _____

Home Address _____

Date of Birth _____ Age _____ Gender: Male Female

Parental/Guardian Permission Form Received: Yes Date Received _____

Desired Level: Varsity Jr. Varsity Frosh Modified

Desired Sport: _____ ***Recommended Tanner Rating for this sport and level** _____ * See Appendix H

SCREENING PROCEDURES- THIS SECTION TO BE COMPLETED BY THE DISTRICT MEDICAL DIRECTOR

A. TANNER SCORE AND HEIGHT/WEIGHT ASSESSMENT COMPLETED BY:

District Medical Director

EXAM DATE: _____

PROVIDER NAME _____

CIRCLE THE CURRENT DEVELOPMENTAL STAGE OF THE STUDENT, USING THE TANNER SCALE:

1 2 3 4 5

B. ALTERNATIVE TO TANNER EXAMINATION FOR FEMALES ONLY (If accepted by district):

Onset of Menarche = Tanner Stage 5

C. HEIGHT _____ WEIGHT _____

D. CHECK APPROPRIATE BOXES BELOW AND RETURN FORM TO THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS. (See Appendix H)

Student is **cleared** **not cleared** for the sport of: _____

at the following level: Modified Junior Varsity Varsity

SIGNED _____ DATE ____/____/____

District Medical Director

ATHLETIC PLACEMENT PROCESS

COACH'S SPORT SKILL EVALUATION

Page 1 of 2

INSTRUCTIONS FOR THE COACH

Coach _____ Sport & Level _____ / _____

Student's Name _____ Gender: M F Age _____

The above-named student has requested evaluation through the Athletic Placement Process. As the coach of the team for which they want to try out, 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 to the Director of Physical Education and /or Athletic Director.

NOTE:

*The number of students who are allowed to compete outside of their grade levels should be few and far between. The program is intended only for the athlete who has the physical maturity, physical fitness, and sport skills to be placed with other athletes outside of his/her grade level. Abuses in the program by decision makers who seek to satisfy the needs of the team, rather than considering the well-being of the student cannot be condoned. There are many potential physical and social/emotional pitfalls that must be avoided, and once a student is elevated, the decision is irreversible. Please keep in mind that, until you are notified by the director of physical education's office that the student has successfully completed the entire Interscholastic Athletic Placement Process, that student **may not attend** any practices.*

If you are familiar with the candidate, please write an evaluation of his/her skill level on the back of this sheet. Supporting information would be helpful in determining proper placement, so be specific. If you are not familiar with the candidate, you may wish to contact his/her former coaches for further assessment and/or schedule time to observe the student in a physical education class.

Which level team is the student trying out for?

Modified Freshman Junior Varsity Varsity

Which level of play would you recommend for this student?

Modified Freshman Junior Varsity Varsity

Compare this student's skills relative to other members of the team that the student is trying out for.

Below Average Average Above Average Superior

What percentage of playing time would you estimate he/she would receive at that level?

_____ %



ATHLETIC PLACEMENT PROCESS

PHYSICAL FITNESS TESTING: SCORE FORM

INSTRUCTIONS FOR THE TESTER

The student listed below has been approved to take the Physical Fitness Test. Please proceed with the testing as described in the **Physical Fitness Test Descriptions & Directions** in Appendix I of this document

1. Read the instructions for administering the five items carefully. **If you are the coach of the sport that the athlete wants to participate in, you may not be the tester.** Notify the Director of Physical Education and/or Athletic Director that a new tester must be assigned.
2. The test can be given in any time frame and in any order. Any of the five items may be retested up to the number of times defined by your APP district policy. Only the best scores should be recorded. *For Swimming see, Appendix J page 2, for an alternative portion of the fitness test. For bowling and golf, students are not required to complete a physical fitness test.*
3. Encourage the student to do his/her best on each test item. Before commencing with the test, inform the student of the minimum qualification requirement for each component. **They MUST score in the 85th percentile for their age.**
4. Return this score sheet to the Physical Education and/or Athletic Director's office as soon as the test is completed.

PHYSICAL FITNESS TEST SCORES:

Student's Name _____ Gender: M F Age _____

Desired Sport _____ Desired Level _____

Test Administered By _____ Date _____

SHUTTLE RUN (nearest tenth) 1/10 seconds _____

V-SIT REACH
Or SIT & REACH (feet and inches to nearest inch) _____

PULL UPS (# completed)
Or RIGHT ANGLE PUSH UPS (# completed every 3 seconds) _____

STOMACH CURLS (one for each completed movement) number _____

ONE MILE RUN/500 YARD SWIM (minutes and nearest second) _____

Final Assessment: Student passed did not pass at or better than the 85th percentile

Signature _____ Date _____

