



**NEW YORK STATE
SELECTION/CLASSIFICATION PROGRAM
FOR INTERSCHOOL ATHLETIC PROGRAMS**

**New York State Learning Standards for
Health, Physical Education, Family and Consumer Sciences**

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

J. Kenneth Hafner

MARCH 2005

**The University of the State of New York
The New York State Education Department
Office of Elementary, Middle, Secondary
and Continuing Education
Albany, New York 12234**



PARENTAL PERMISSION

Dear Parent/Guardian:

There is a New York State program that 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. The school physician will evaluate your child using the Tanner Scale, to determine his or her physiological maturity.

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 the 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 in that season. Your child will be exposed to the social atmosphere that is inherent to older students and the high school environment.

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,

David B. Herman

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 – 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 Tanner 4 developmental age once she has had the onset of menarche. This may be used as an alternative to a breast-staging exam.

SCREENING PROCEDURES:

- Ask whether the girl has started menstruation.
 - If yes to #1, check Tanner 4 as indicated in box marked "alternative to exam."
 - If no to #1, examine breast development and assign a maturity scale rating (Tanner scale).
- Return the completed form to the school nurse.

<p>TO BE COMPLETED BY THE SCHOOL PHYSICIAN OR DESIGNATE OR THE PRIVATE PHYSICIAN FOR REVIEW BY THE SCHOOL PHYSICIAN</p> <p style="text-align: center;">MATURITY SCALE</p>	<p>ALTERNATIVE TO EXAM: If a girl has had the onset of menarche, she may be rated Tanner 4. TANNER 4 <input type="checkbox"/></p>
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1. Prepubertal	2. Budding	3. Small adult breast. Areola not mounded	4. Areola mounded	5. Adult. Areola not mounded
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NOTE: Directors of physical education/athletics must obtain the female developmental screening page (graphics included) by forwarding an email address or facsimile number to NYSED at emscurrie@mail.nysed.gov

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHECK THE APPROPRIATE TANNER RATING SCALE				

THIS STUDENT HAS A DEVELOPMENTAL RATING AS INDICATED ABOVE:
 Approved Not Approved

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 indicated below:

(Check appropriate level)

- Varsity
 Jr. Varsity
 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 ____/____/____