

# WAPPINGERS CENTRAL SCHOOL DISTRICT



## *Guideline Packet For the Selection Classification Process*

JHS ATHLETES

HIGH SCHOOL TEAMS

**WCSD**

**Selection Classification**

**Packet**

**Revised – 2011**

**Wappingers Central School District**  
**Department of Physical Education and Interscholastics**  
**NYS Selection-Classification Program**

Selection-Classification is a New York State Education process and program by which student athletes at the seventh and eighth grade may be screened to safely participate at an appropriate level of competition, based on their readiness rather than age and grade. This program is not intended for all students. All steps and guidelines must be followed in order for the student to be eligible for high school competition. Completion of this process only ensures the student an opportunity to try-out for the team, not an automatic selection on the team.

The following packet takes the parents and the student-athlete through the screening process that NYS and the Wappingers Central School District requires. This screening process must be completed prior to the first day of the regular season at the High School level. The screening may begin at any time prior to that start. The actual fitness-testing component is given three times a school year, just prior to the start of each of the three interscholastic seasons (August, November and March). The fitness testing is the last process to be completed. **All other steps must be completed in order for the student to take this portion of the process.**

While this program provides select student-athletes an opportunity to demonstrate their physical maturation, fitness and advanced skill, it is not the only criteria. It must be understood that the philosophy and commitment level at the High School is different than those at the Modified level of competition. In addition, there are environmental, social and psychological considerations that need to be addressed as well.

Academically, the student must be in good standing with an overall average of seventy percent with **no** failures. Additionally a student may not leave school early or try to alter their academic schedule for practice purposes. The student may be dismissed early for away games only. Finally, because the district is on different busing tiers, transportation to practices and home games are the responsibility of the student's family. District transportation will be provided for all away contests. It is important for the student and the parents to understand that once the requirements are met and the student is accepted as a member of the team, the student cannot return to a lower level (modified) in that sport. Any question or concerns regarding this program can be addressed to the District Coordinator for Physical Education and Interscholastics at (845) 298-5000 ext 40167.



## Wappingers Central School District Selection-Classification Checklist

This is a formal checklist to be used by the parents to ensure all required steps are taken on behalf of the student-athlete. Each of these steps must be successfully completed to qualify the student to participate in the high school athletic program. This process should be started as early as possible so that all deadlines can be met in a timely manner.

What steps	When	To or With Whom
<b>A written request</b>	Immediately upon deciding to move to the next level	Dr. James Parla, Superintendent – District Offices
<b>Parent nomination/Prior approval form</b>	After the written request is made	Mrs. Kathryn Pumbo, District Coordinator RCK Annex
<b>Academic Profile</b>	Submitted with the Prior Approval Form	Mrs. Kathryn Pumbo District Coordinator RCK Annex
<b>Sports Physical</b>	As soon as available through the building, with the maturity component	The school nurse of the building the student is currently attending
<b>Athletic Performance Fitness test</b>	Scheduled 3 times a year – August for Fall sports, November for Winter Sports and March for Spring Sports	Mrs. Kathryn Pumbo District Coordinator – given at RCK gymnasium and track

- A written request from the parents to the Superintendent of Schools requesting that the student be considered for the Selection-Classification Program. This letter should include details as to why the parent/coach feels that it is more appropriate for the student to participate at the high school level as opposed to staying at the modified level.
- Parent nomination/Prior approval form completed and forwarded to the District Coordinator for Interscholastics.
- An academic profile of the student submitted with the Prior approval form. This should be the last available report card.
- A sports physical by the **school's physician** with the maturation component completed should be scheduled and the results forwarded to the District Coordinator's office.

- The Athletic Performance Fitness Test is taken. This test is **only given after a district committee has reviewed all of the previous information and determines that the athlete has the potential to successfully participate at a higher level of athletic competition.** This is a six part fitness test, developed and mandated by the State, which is administered by the District Coordinator or designee. All required tests and benchmarks must be taken and passed in order for the student-athlete to be passed onto try-outs. **This is the last step to be taken. All other requirements must be met to take this test.** The test is given three times a year...in August, November and March. Dates will be provided to you by the District Coordinator.

Upon completion of all of the above tasks, the coach at the corresponding high school will be notified of the student's eligibility to participate in the try-out process for the team.

Any questions on any of the above steps can be addressed to the District Coordinator at (845) 298-5000 ext 40167.

**WAPPINGERS CENTRAL SCHOOL DISTRICT**  
**Physical Education Department**  
**NYS Selection-Classification Program**

**PARENT NOMINATION/PRIOR APPROVAL FORM**

The Selection-Classification Program is approved by the State Education Department and is intended to be a screening program to allow the **exceptional** seventh and eighth grade student to participate as a member of a high school team (i.e., Varsity, Junior Varsity or Freshman). **It is not for all students!**

Students must be judged to be of advanced maturity, physical fitness, and skill level. This prior approval form is the **first step** of the screening process. Students will be screened by the school doctor to determine maturational readiness, and by the use of the NYS Athletic Performance Test (PE Staff) to determine physical fitness. Varsity/JV/Freshman coaches will then judge skill level and ability to compete at qualifying level.

This form must be submitted, with all signatures complete, to Kathryn Pumbo, District Coordinator of PE and Athletics, R. C. Ketcham High School, RCK Annex, 167 Myers Corners Road, Wappingers Falls, NY 12590.

Student's Name: \_\_\_\_\_ School Attends: VW \_\_\_\_\_ WJH \_\_\_\_\_

Sport: \_\_\_\_\_ Level: \_\_\_\_\_ Grade: \_\_\_\_\_

High School which student will attend: RCK \_\_\_\_\_ JJ \_\_\_\_\_

**PART I – PARENT NOMINATION/PERMISSION**

Please allow my son/daughter, \_\_\_\_\_, to try out for the high school team indicated above. I am aware that he/she will be screened by the school doctor and the physical education staff to determine if his/her maturity and fitness level support that placement.

\_\_\_\_\_  
(Signature of Parent) Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II – COACHES AUTHORIZATION** (Must be completed by either a school or age group coach, with firsthand knowledge of the ability of the student being nominated.) (Coach should be someone other than parent.) It is my opinion that \_\_\_\_\_ is of advanced skill and, if selected, should be able to compete in the sport and level indicated above. (Please attach any supporting documentation – e.g. times in track, swimming – or personal statement, in a sealed envelope.)

\_\_\_\_\_  
(Signature of Coach) Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III – ADMINISTRATIVE APPROVAL** (To be completed by the Principal, Asst. Principal – The signature is NOT REQUIRED for **Fall** Season Sports.)

This is to verify that the student indicated above is in good academic standing, conducts himself/herself as a good school citizen and, if selected, should be allowed to participate on the high school team indicated above.

\_\_\_\_\_  
(Signature of Administrator) Telephone: \_\_\_\_\_ Date: \_\_\_\_\_





## PARENTAL PERMISSION

ATTACHMENT C

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,

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

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### 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 \_\_\_\_\_

**COACH'S SPORT SKILL EVALUATION  
INSTRUCTIONS FOR 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 their child 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 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 lineup? \_\_\_\_ 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