

LEWISTON-PORTER
ATHLETICS
A.P.P.
TESTING
INFORMATION



IMPORTANT INFORMATION

Parents/Guardians Please Read

The **Advanced Placement Process** test (APP) is meant for a select group of student athletes only. In reviewing the following paperwork please keep in mind that this process is not intended for students who just participate in WNY travel and/or recreational teams. The intent of this process is for those select few students that have always quote, "Dominated" at their level. It is for student athletes that are drastically more mature physically, skill, and mentally to warrant participating at the Junior Varsity or Varsity level.

The Lewiston-Porter Athletic Department advises you as the parent/guardian to advocate for your child to go through this process if your child falls under the above criteria. If the following situations listed below are the cause for your child to attempt this process, we advise that you continue on in the age appropriate level of Modified Sports.

The Wrong Reasons:

- His/her friends play on the higher-level team
- They need more players at that level
- He/she have always been on travel teams
- We are good friends with the coach
- They are physically gifted but their maturity levels are low
- I the parent/guardian, played up when I was in school
- My child needs to be pushed to be successful

Please note: By successfully completing this process, the student athlete is only offered the chance to try-out for the higher-level Junior Varsity or Varsity team. There is no guarantee they will be on the team by passing these tests.

The Steps to Follow:

- 1) The student and parent/guardian read and understand the intent and process of APP.
- 2) Parent/Guardian should sign the "Parent/Guardian Permission Form" **[Form—B]**
- 3) Have your personal physician fill out the "Physical Maturity Form" **[Form—C & H]**
Your Personal Physician must sign and fill out ALL parts of Form—C
- 4) Have a past coach, PE teacher fill out the "Coaches Skill Evaluation Form" **[Form—D]**
- 5) **[Forms—E, J, G, and F]** are for your information and will be filled out by the Athletic Director.
- 6) Return all the above documents (**Signed**) to the Athletic Director at the testing site.
***If any part(other than the Physical Test) is not signed and completed, there will be no testing.**
- 7) The student will then perform the physical test on the designated date and location.
 - Only the Athletic Director will provide the test.
 - Physical Education class testing will not be used as a valid score.
- 8) If a student has passed all areas of this process, we will notify the coach and give all necessary information to the students to ensure they start try-outs on time.

If you have any questions, please contact:

Brad Halgash
Athletic Director
(716) 286-7865

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/does not accept Tanner ratings from private medical providers. The district does/does not accept a history of menarche for girls in place of a physical examination. Upon approval of the district medical director, the student may proceed to the physical fitness and skill assessments. Students must pass all levels in order to meet the requirement 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), or compete at the modified level if in grades 9-12. 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 9th 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,

Brad Halgash
Athletic Director

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 breast and genitals and will be done by a licensed school health professional, and I give my permission for the examination. Upon approval of the district medical director, 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

COACH'S SPORT SKILL EVALUATION

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 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 next page. 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

COACH'S SPORT SKILL EVALUATION

An emailed letter of recommendation to bhalsgash@lew-port.com will also qualify if it is easier for the coach and parent.

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List or provide documentation (coaches' evaluations, previous playing statistics, etc.), of any evidence of sport skills in respect to playing at the proposed level (Modified, Freshman, Junior Varsity or Varsity level).

Coach's Signature: _____ Date : _____

ATHLETIC PLACEMENT PROCESS

PHYSICAL MATURITY FORM

Your Personal Physical Does Not Qualify for this Section

This Section is to be completed by the Parent/Guardian. All areas please print.

Student's Name: _____ Grade: _____

Home Address: _____

Date of Birth: ____/____/____ Age: ____ Gender: ____ Male ____ Female

Desired Level: ____ Varsity ____ Jr. Varsity ____ Modified

Desired Sport: _____

Recommended Tanner Rating For This Sport & Level _____ *See Form--H

SCREENING PROCEDURES

THIS SECTION MUST **BE COMPLETED BY THE STUDENTS PRIVATE MEDICAL PROVIDER** FOR REVIEW BY THE DISTRICT MEDICAL DIRECTOR. **NO MASH OR URGENT CARE PHYSICIAN ARE PERMITTED TO COMPLETE THIS FORM.**

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

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

____/____/____ Onset of Menarche = Tanner Stage 5

C. Height: _____ Weight: _____

D. CHECK APPROPRIATE AREA BELOW AND RETURN FORM TO THE DIRECTOR OF PHYSICAL EDUCATION/ATHLETICS.

Student is ____ Cleared ____ No Cleared For the sport of: _____

At the following level: ____ Modified ____ Junior Varsity ____ Varsity

Signed: _____ Date: ____/____/____

Physicians Signature

ATHLETIC PLACEMENT PROCESS

PHYSICAL MATURITY CHART

Approved Sports	MALES			FEMALES		
	Freshman	JV	Varsity	Freshman	JV	Varsity
Archery *	2	2	2	2	2	2
Badminton *	2	2	2	2	2	2
Baseball +	2	3	3	3	4	4
Basketball !	2	3	4	3	4	5
Bowling *	2	2	2	2	2	2
Competitive Cheerleading !	2	3	4	3	4	5
Cross-Country *	2	3	3	3	4	4
Fencing +	2	2	2	2	2	2
Field Hockey !	2	3	4	3	4	5
Football !	2	3	4	3	4	5
Golf *	2	2	2	2	2	2
Gymnastics !	2	3	3	3	4	4
Ice Hockey !	2	3	4	3	4	5
Lacrosse !	2	3	4	3	4	5
Rifle *	2	2	2	2	2	2
Skiing (Downhill) !	2	3	4	3	4	5
Soccer !	2	3	4	3	4	5
Softball +	2	3	3	3	4	4
Swim */Diving !	2	3	3	3	4	4
Tennis *	2	3	3	3	4	4
Track & Field *	2	3	3	3	4	4
Volleyball +	2	3	3	3	4	4
Wrestling !	2	3	4	3	4	5

Classification of Sports According to Contact (APP)

- *= Non Contact
- + = Limited Contact
- ! = Contact

ATHLETIC PLACEMENT PROCESS

PHYSICAL FITNESS TESTING: SCORE FORM

This form is completed only by the person conducting the test.

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 in 4 out of 5 test components.**
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: ____/____/____

ATHLETIC PLACEMENT PROCESS

PHYSICAL FITNESS: SCORES

Required for the Athletic Placement Process

SEX	AGE	Curl-Ups # in one minute	Shuttle Run in seconds	Sit & Reach in centimeters	1 Mile- Walk/Run min/sec*	Choose One	
						Pull-Ups # completed	Right Angle Push-up
Males	11	47	10.0	31	7:32	6	26
	12	50	9.8	31	7:11	7	30
	13	53	9.5	31	6:50	7	35
	14	56	9.1	33	6:26	10	37
	15	57	9.0	36	6:20	11	40
Females	11	42	10.5	34	9:02	3	19
	12	45	10.4	36	8:23	2	20
	13	46	10.2	38	8:13	2	21
	14	47	10.1	40	7:59	2	20
	15	48	10.0	43	8:08	2	20

*For swimming, see next page for alternative 500 yard swim scores.

ATHLETIC PLACEMENT PROCESS

PHYSICAL FITNESS: SCORES

Required for the Athletic Placement Process

SWIMMING

The swimming endurance component of the physical fitness test allows the athlete to choose which endurance test he/she prefers. It will be necessary to choose one: either the one mile run (See Appendix J) or the 500 yard swim.

SWIMMING TIMES REQUIRED FOR 500 YARD SWIM

MALES

LEVEL	500 Yard Swim Time (min:sec)
Modified	9:15
Freshman	9:00
Junior Varsity	8:45
Varsity	8:30

FEMALES

LEVEL	500 Yard Swim Time (min:sec)
Modified	10:00
Freshman	9:45
Junior Varsity	9:30
Varsity	9:00

ATHLETIC PLACEMENT PROCESS

SPECIAL TRY-OUT PROCESSES

BOWLING

Any 7th or 8th grade student may be given the opportunity to try out for a junior varsity or varsity bowling team. At the completion of the tryout sessions, which must include nine games bowled over a three-day period, if the individual's bowling average puts him/her in the top eight (8) of your bowlers, he/she is eligible for the team.

GOLF

Any 7th or 8th grade student may be given the opportunity to try out for a junior varsity or varsity golf team. At the completion of the tryout sessions, which must include 18 holes golfed over a three-day period (the first three days of the individual's tryout when the course is accessible), if the individual's golf average puts him/her in the top eight (8) of your golfers, he/she is eligible for the team.

RIFLE

Any 7th or 8th grade student may be given the opportunity to tryout for a varsity rifle team. At the completion of the tryout sessions, which must include shooting at all three (3) positions over a three-day period (the first three days of the individual's tryout), if the individual's cumulative scoring average puts him/her in the top eight (8) of your shooters, he/she is eligible for the team.