

## REGULAR MEETING OF THE HOLYOKE SCHOOL COMMITTEE

DATE: June 21, 2021

PLACE: Virtual Meeting Via Zoom

HOLYOKE PUBLIC SCHOOLS

Holyoke, Massachusetts

MEETING NOTICE

*Governor Baker signed a bill into law on June 16, 2021, allowing public bodies to hold remote meetings through April 22, 2022.*

NOTICE IS HEREBY GIVEN IN ACCORDANCE WITH CHAPTER 28 OF THE ACTS OF 2009, SECTIONS 17-20 (FORMERLY SECTION 23B OF CHAPTER 39) OF THE MASSACHUSETTS GENERAL LAWS, THAT A **REGULAR MEETING** OF THE HOLYOKE SCHOOL COMMITTEE WILL BE HELD AT **5:40 PM** ON **MONDAY, JUNE 21, 2021**.

THE PUBLIC CAN ACCESS THIS MEETING VIA ZOOM WEBINAR HERE:

<https://hps-holyoke-ma-us.zoom.us/j/85266232176?pwd=ci9tWEs3cG81SkQxdXZrWW5GenBXQT09>

(Spanish Interpretation will be available).

HOLYOKE SCHOOL COMMITTEE

AGENDA ATTACHED

CITY OF HOLYOKE  
SCHOOL COMMITTEE

**SCHOOL COMMITTEE AGENDA**

**DATE:** MONDAY, June 21, 2021

**TIME:** 5:40 PM

**LOCATION:** Via zoom webinar

*Governor Baker signed a bill into law on June 16, 2021, allowing public bodies to hold remote meetings through April 22, 2022. Members of the public can access the meeting here:*

*<https://hps-holyoke-ma-us.zoom.us/j/85266232176?pwd=ci9tWEs3cG81SkQxdXZrWW5GenBXQT09>*

1. **CALL TO ORDER ~ ROLL CALL ~ PLEDGE OF ALLEGIANCE**

- a. *Pursuant to M.G.L. c. 30A, s. 20, I am hereby informing all attendees that a video and audio recording is being made of the meeting and the meeting is being live-streamed and run live on the City's community TV channel.*

2. **STUDENT SHOWCASE - OPPORTUNITY ACADEMY**

3. **PUBLIC COMMENT** (via the remote link above)

4. **COMMUNICATIONS & REPORTS**

- a. **Student Reports**
- Metcalf School Students - Thanks to Committee
- b. **Superintendent/Receiver Reports**
- Summer School Update
  - Summer Feeding Program Update
  - Fall Sports Update
  - Panorama Update
  - Ethnic Studies Department Update
  - Teach Western Mass

5. **NEW BUSINESS**

- a. **FY 22 School Department Budget**

6. **ONGOING BUSINESS**

7. **ANNOUNCEMENTS**

The listing of matters are those reasonably anticipated by the Chair which may be discussed at the meeting. Not all items listed may in fact be discussed and other items not listed may also be brought up for discussion to the extent permitted by law.

\*The Holyoke Public Schools makes available a public discussion period for persons in the audience to address the Committee on specific agenda items. In order to hear as many speakers as possible, the Committee asks individuals to continue their remarks to two (2) minutes. Any person wishing to submit longer testimony should give copies to the Committee Secretary before the meeting so that it may be distributed to Committee members. The speaker can then summarize this testimony at the meeting within the two (2) minute time period. Persons wishing to speak should register with the Committee Secretary immediately before the meeting begins. Individuals who request specific items to be included on the Committee's agenda should mail a written request fifteen (15) days in advance of a Committee meeting date to Sam Garcia, in care of the Receiver's Office, 57 Suffolk Street, Holyoke, MA 01040.

**School Committee Meeting**  
**Superintendent/Receiver Report**

**June 21, 2021**



**Summer School Update**

Extended School Year (ESY) Services are planned for full in-person learning, with a remote option for families in need. We are continuing to offer the following ESY programs and locations:

- Donahue School (PK, K-12 Self-Contained Classroom Programming),
- Jericho (Rising 1st grade-12th; a variety of qualifying students on IEP's and peer/volunteer models),
- Lawrence School (Therapeutic Intervention Program),
- Transitions Academy (ages 18-22).

Additionally, students who qualify for related service only are individually scheduled with families. ESY programming will run Mon-Thurs from 7/6/21-8/6/21 (with some slight variation, due to the 4th of July holiday) from 9:00 am-1:00 pm. Currently, 178 students are registered.

The HPS Summer learning academies, Somos Exploradores, instructional model for rising grades 1-8. The 5-week Summer Programs starting July 6th through August 5th, Monday through Thursday. We are offering in-person programs for all grade levels. We are also offering remote options for Lower Elementary, Upper Elementary, and Generation Teach. Currently, we only have 9 students registered for our remote option. We will continue to monitor enrollment and offer the program if we see a greater need for remote programming.

Our total program enrollment is 187 students, in our non ESY Summer program including Early Elementary, Dual Language, Upper Elementary, and in Acceleration Academy. Since the last meeting, we have made numerous outreach efforts which include, school based initiative which was shared with all principals, school visits to promote and assist parents with enrollment, distributed flyers to local businesses and staff are in the process of cold calling individual families. At this time, summer learning academies are 100% staffed for rising 1- 8 programming.

This year we have revised our rising 1 through 5 programming. We are very excited to provide an



exciting summer program for our youngest learners. Students in rising 1-3 are coral reef Explorers and students in rising 4-5 are undersea explorers. Students will engage with hands-on activities, texts, and an end-of-session all-school project. Our Coral Reef Explorers (Rising 1-3) will build a life-size coral reef model while our Undersea Explorers (rising 4-5) will program robots and use them to find the wreck of the *Titanic*. Students will build a giant scale-model of the ship. We will continue to offer academic interventions in ELA and Math using *Lexia* and the *Do the Math* curricula.

Our high school programming will be offered at all three campuses, both in-person and remote credit recovery programs. Dean and North Campus are both offering an Acceleration Academy in addition to their credit recovery programs. This year Dean Campus is also offering a rising 9th grade summer program. Student enrollment is ongoing and most often hinges upon students' final course grades. Counselors, squad teachers, student support staff, and school leadership teams are all working with students and families to support students to move from off-track to on-track. All HHS and HPS teachers and staff are hired and are preparing systems, courses, and assessments in preparation for summer school.

#### Food Service Update

We are proud to announce that our meal participation rates have risen in May to 43%. Having more students in person is a strong factor for having increased this participation from 11% when we were fully remote. Since the return to inperson on April 5th, Sodexo provided safe, sealed, unitized meals to students through partnerships with site by site administration to assure best COVID practices are in place. Through in person return to learning, a CACFP State waiver to send dinner and snack home at the bell, and additional routes added to Vanpool our participation has greatly increased from October.

The Sodexo General Manager transition has been completed, Tim Viveiros is the New Food Service Manager as Ashley Plante has taken her next role in the organization in Rhode Island. Deanna St. Pierre will continue in her role as Registered Dietician in Holyoke.

We were able to participate in district wide teacher appreciation breakfasts the week of May 3rd. We were also front line for food service worker recognition for SuperHero Lunch Day on May 7.

Student and parent focus groups continue to be constant, Deanna compiles all feedback and includes it in future menu planning, Holyoke cultural favorites added this school year such as, Pavo al Horno, Habichuelas Guisadas, Sazon Chicken Sandwich, Pernil al Horno, and Arroz con Habichuelas. "Comfort Food" favorites are also on the menu per recommendation such as Meatball Sub, Nachos, and Chicken Parmesan Sandwich. The valuable feedback from the Holyoke community continues to allow us to focus on expanding the cultural favorites.

We have completed our “Summer Eats” planning and we will be providing meals to students in Holyoke as shown in the table below. We have also created marketing materials, which have been shared with all schools across the district that are in Spanish to assure best communication and accessibility to the families in Holyoke.

Donahue, Lawrence, and Morgan will be serving meals curbside Monday, Wednesday, and Fridays from 11am to 1pm. Sodexo will pack out meals each day to assure 7 days of food is in the students home.

Sodexo Curbside Pick Up					
Location	Address	Days	Times	Dates	Meals
Donahue School	210 Whiting Farms Rd	M-F	11am-1:00pm	6/23-8/20	Breakfast & Lunch
Lawrence School	156 Cabot St.	M-F	11am-1:00pm	6/23-8/20	Breakfast & Lunch
Morgan School	596 South Bridge St	M-F	11am-1:00pm	6/23-8/20	Breakfast & Lunch

Holyoke Public Schools A pathway for every student

Our “rolling” meal service will be available 5 days a week with a 20 minute stop in each of the following locations shown here. See more information in appendix 1.

Sodexo Rolling Meal Service		
Location	Days	Times
Springdale Park	M-F	11am-11:15am
Carlos Vega Park	M-F	11:20am-11:35am
Topefert	M-F	11:40am-11:55am
Veteran’s Park	M-F	12pm-12:15pm
Churchill	M-F	12:20pm-12:35pm
Beaudoin Village	M-F	12:40pm-12:55pm

Holyoke Public Schools A pathway for every student

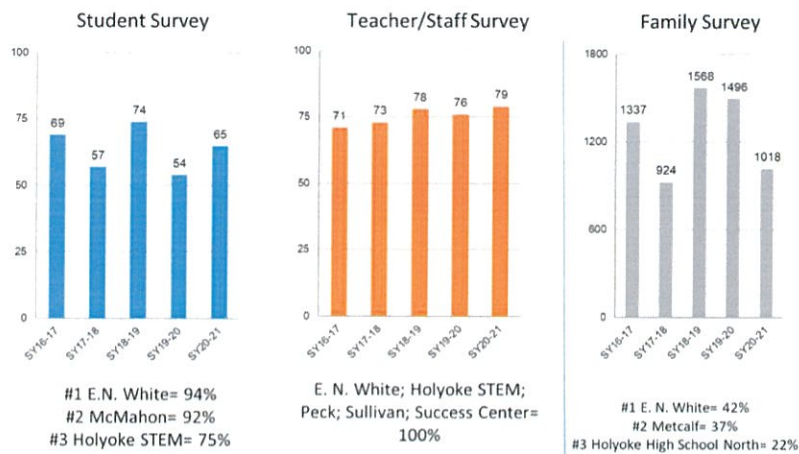


As we move into the 21-22 school year, we will continue to put a large focus on continuing to diversify our menu to include such items as grain bowls and specialized sandwiches, and the introduction to “The Dieticians Desk” offering resources on healthy eating options and educational resources for the Holyoke families.

### Panorama Survey Update

Panorama participation increased for student and staff surveys to 65% and 79% respectively, while family participation decreased, with 1018 family surveys returned.

### Panorama Survey





Our largest increases across grades 3-12 surveys were in students reporting that teachers were excited to be teaching their classes and culture and native language being respected at school. Student connectedness emerged as a significant concern, with only 26% of students in grades 6-12 reporting feeling connected to other students at school right now.

### 3<sup>rd</sup> – 5<sup>th</sup> Gr. Student Survey Highlights (1 Year Change)

Question	SY20-21 % Favorable	1 Year Change
How fair are the rules for the students at this school?	75 %	+15 points
How often do your teachers seem excited to be teaching your classes?	80 %	+15 points
How often do most students in your school try hard to get good grades?	68 %	+14 points
Are your culture and native language respected at school?	74 %	+6 points
By giving a lot of effort, how possible is it for you to change your intelligence?	66 %	-6 points
How often do your teachers make you explain your answers?	58 %	-9 points

### 6<sup>th</sup> – 12<sup>th</sup> Grade Student Survey Highlights (1 Year Change)

Question	SY20-21% Favorable	1 Year Change
Does your school have opportunities and activities that meet your interests and needs?	53 %	+26 points
How often do your teachers seem excited to be teaching your classes?	69 %	+19 points
Are your culture and native language respected at school?	85 %	+8 points
Do books and materials at your school have people in them who look like you?	33 %	+6 points
How connected do you feel to other students at your school right now?	26 %	New question
How connected do you feel to the adults at your school?	41 %	-3 points

When looking at our teacher and staff surveys, both groups reported large increases to feeling like relationships between teachers and students were respectful and feeling like the working environment of their school was positive. Teachers reported lower levels of satisfaction with professional learning during this school year than in years prior.

### Staff Survey Highlights (1 Year Change)

Question	SY20-21 % Favorable	1 Year Change
How respectful are the relationships between staff and students?	84 %	+18 points
Overall, how positive is the working environment at your school?	75 %	+13 points
How often does your school show respect for all students' cultural beliefs and practices?	90 %	+8 points
When new initiatives are presented at your school, how supportive are your colleagues?	76 %	+15 points
How effectively does the District empower school teams to impact change?	48 %	+3 points
When the school makes important decisions, how much input do staff have?	47 %	- 1 point

### 5 Year Survey Trends- Teacher Surveys

Question	SY20-21 % Favorable	5 Year Change
How respectful are the relationships between teachers and students?	87%	+38 Points
Overall, how positive is the working environment at your school?	65%	+39 Points
When new initiatives to improve teaching are presented at your school, how supportive are your colleagues?	66%	+20 Points
How well does Central Office support your school in the implementation of your school improvement plan?	26%	+1 Points
How effectively does the District empower school teams to impact change?	25%	-7 Points



Family surveys both this year and over the last five years show stagnation in improvement and we have not seen large increases or decreases in most questions asked in the family survey. We are encouraged by the continued high favorability of families feeling that schools expect students to do well and succeed and feeling like schools embrace students and families as their own.

### 5-Year Survey Trends- Family Surveys

Question	SY20-21 % Favorable	5 Year Change
Does this school expect all students to do well and achieve success?	89%	+3 points
Does your child's school embrace all students and families as their own?	81%	+4 points
How well is this school preparing your child for college and career?	62%	+1 point
How often do you meet or communicate via email or phone about your child with your child's teacher(s)?	57%	-2 points

Cabinet members reviewed the Panorama survey data and created an action plan in response to the five highest leverage trends that emerged: student and staff participation, family & community engagement, professional development, culturally responsive teaching, and student connectedness. The Teacher Advisory Group (TAG) also engaged in a similar action planning process to provide insight into how to use the data to engage in improvement efforts in these five key areas.

### Fall Sports Update

For the 20-21 school year sports wrap up we successfully ran all our sports with COVID precautions in four shortened, non-traditional seasons. Spring Sports; boys volleyball, baseball, softball, and wrestling entered tournaments as the only season to have tournaments.

In the fall of 2021, sports will return to a traditional fall season. Students will have daily transportation from Dean and North Campus. Wrestling will be housed on the Dean Campus and

we will provide transportation for athletes from the North Campus to Dean. As part of our recruitment we have made announcements at both North, and Dean Campus, posted on the Athletic Google Classroom, athletics website, facebook, Holyoke Update, social media and individualized outreach by coaches, teachers, and guidance. We have also supplied packets on May 26th, 2021, shown in appendix 2 to schools; McMahan, Sullivan, Blessed Sacrament, Mater Dolorosa, First Lutheran, and Holyoke Charter. See below for dates and times for sign ups.

- Zoom Meetings
  - May 21st at Donahue;
  - May 24th at Peck
- In-Person Meetings -
  - May 27th at Kelly;
  - May 28th at STEM
- Packets delivered to McMahan, Sullivan, Holyoke Charter, BS, MD, FL on May 26th
- Robocalls and emails to all registered 9-12 grade student homes on June 16th and June 23rd. Will repeat throughout the summer.

#### **Ethnic Studies Department Update**

At the last school committee meeting, the District shared a memo, appendix 3, explaining a change in the Ethnic Studies organization that sought to increase student access to programming and officially recognize Ethnic Studies as an academic department. Since that meeting, we have met with Ethnic Studies teachers, social justice organizers, Ethnic Studies partners, and have received multiple letters expressing concerns around our decision. We are committed to the Department Head structure to Ethnic Studies and I want to give the School Committee an update on where we are. Based on feedback we have received, we understand the needs of the department require more time for planning and support. We have agreed to provide the Ethnic Studies Department Head with a reduced teaching schedule so that the department coordination work and work with partners can be given the attention needed. We are also in the process of negotiating an agreement for a consultant (former HPS employee) to support important grant work as well as mentoring/orienting the department head who will assume these responsibilities next year.



## Teach Western Mass Update

Teach Western Mass began its partnership with the Holyoke Public School when we went into receivership as a way to attract more teachers, especially teachers of color from non education backgrounds. When HPS hires a resident, we pay a \$4,000 "placement fee". The first cohort was our only cost for residents and the residents paid their own tuition. From the second cohort to current, we applied for the Teacher Diversification Grant, which was specifically granted for the purpose of offering this incentive. This grant has allowed us to pay the \$4,000 placement fee with the funds granted as well as pay the residents \$7,000 tuition as a recruitment incentive. Below you will find the retention data.

### Teach Western Mass

	Hired 1 year	Retain 1 yr	Retain 2 yr	Retain 3 yr	1 year Retention Rate
Cohort 1	4	1	1	1	25%
Cohort 2	6	4	4		67%
Cohort 3	16	12			75%
Cohort 4	15 (as of 6/14)				



**FOOD, FRIENDS & FUN**

# Summer Eats

## Foodservice Van Pick Up Locations

Location	Address	Dates	Meals Served	Serving Times
Springdale Park	844 Main St. Holyoke, MA 01040	6/28-8/20	Lunch	11:00 am – 11:15 am
Carlos Vega Park	Hamilton St. Holyoke, MA 01040	6/28-8/20	Lunch	11:20 am – 11:35 am
Topefert	22 N. Summer St. Holyoke, MA 01040	6/28-8/20	Lunch	11:40 am – 11:55 am
Veteran's Park	536 Dwight St. Holyoke, MA 01040	6/28-8/20	Lunch	12:00 pm – 12:15 pm
Churchill	334 Elm St. Holyoke, MA 01040	6/28-8/20	Lunch	12:20 pm – 12:35 pm
Beaudoin Village	15 Barrett Avenue Holyoke, MA 01040	6/28-8/20	Lunch	12:40 pm – 12:55 pm

## Foodservice Curbside Pick Up Locations

Location	Address	Dates	Meals Served	Serving Times
Donahue School	210 Whiting Farms Rd. Holyoke, MA 01040	6/23-8/20	Breakfast and Lunch	11:00 am – 1:00 pm
Lawrence School	156 Cabot St. Holyoke, MA 01040	6/23-8/20	Breakfast and Lunch	11:00 am – 1:00 pm
Morgan School	596 South Bridge St. Holyoke, MA 01040	6/23-8/20	Breakfast and Lunch	11:00 am – 1:00 pm

**COMPLIMENTARY MEALS  
FOR KIDS & TEENS**



**HOLYOKE PUBLIC SCHOOLS**  
A PATHWAY FOR EVERY STUDENT





# COMIDA, AMIGOS Y DIVERTIDO

# VERANO COME



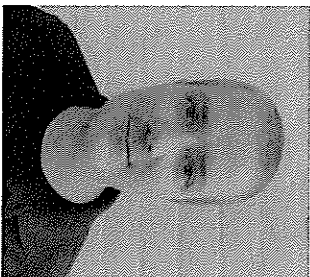
## UBICACIONES DE RECOGIDA DE AUTOMÓVILES

Location	Address	Dates	Meals Served	Serving Times
Springdale Park	844 Main St. Holyoke, MA 01040	6/28-8/20	Almuerzo	11:00 am – 11:15 am
Carlos Vega Park	Hamilton St. Holyoke, MA 01040	6/28-8/20	Almuerzo	11:20 am – 11:35 am
Topefert	22 N. Summer St. Holyoke, MA 01040	6/28-8/20	Almuerzo	11:40 am – 11:55 am
Veteran's Park	536 Dwight St. Holyoke, MA 01040	6/28-8/20	Almuerzo	12:00 pm – 12:15 pm
Churchill	334 Elm St. Holyoke, MA 01040	6/28-8/20	Almuerzo	12:20 pm – 12:35 pm
Beaudoin Village	15 Barrett Avenue Holyoke, MA 01040	6/28-8/20	Almuerzo	12:40 pm – 12:55 pm

## UBICACIONES DE RECOGIDA EN LA ACERA

Location	Address	Dates	Meals Served	Serving Times
Donahue School	210 Whiting Farms Rd. Holyoke, MA 01040	6/23-8/20	Desayuno y Almuerzo	11:00 am – 1:00 pm
Lawrence School	156 Cabot St. Holyoke, MA 01040	6/23-8/20	Desayuno y Almuerzo	11:00 am – 1:00 pm
Morgan School	596 South Bridge St. Holyoke, MA 01040	6/23-8/20	Desayuno y Almuerzo	11:00 am – 1:00 pm



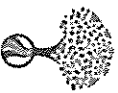


Holyoke Public Schools and Sodexo are pleased to introduce Tim Viveiros as the new General Manager for Holyoke Public Schools. Tim has been with the Sodexo organization for the past twenty years holding positions in Corporate Services cafeterias, Airline Food Service feeding at Logan Airport, and most recently the past several years in Springfield Public Schools Food Service. His time in Springfield, as well as being a father of two children in Massachusetts Public Schools, has made him aware of the importance now more than ever to assuring the students in Western Massachusetts have access daily to nutritious food to assure the best success for learning.

Contact information is:

[Tim.Viveiros@sodexo.com](mailto:Tim.Viveiros@sodexo.com)

413-534-2000 x1651





Appendix 2

# FALL SPORTS 2021

It is time to sign up for Holyoke High School Fall Sports! HHS Sports are open to all students enrolled at Holyoke High School. Our Fall Sports are Golf, Field Hockey, Girls Volleyball, Boys Soccer, Girls Soccer, Girls Cross Country, Boys Cross Country and Unified Basketball. Click here or use the following link to access our sign up form:

<https://docs.google.com/forms/d/e/1FAIpQLScL3oqluIOjIjyWy1XoRUKik7OEKAhvSRpoCo3cHlxrat3ahg/viewform>

After submitting the sign-up form, please remember to complete the registration process by:

1. completing the 3 forms at:  
<https://holyokeschools.rankonesport.com/New/NewInstructionsPage.aspx>,
2. completing a baseline concussion test at <http://www.concussionvitalsigns.com/>, and
3. handing in a valid physical to the Athletic Office.

Instructions for forms and baseline testing can be found on the HHS Athletics website, <https://www.hps.holyoke.ma.us/families/athletics/>.

Any questions can be forwarded Mel Martin, [memartin@hps.holyoke.ma.us](mailto:memartin@hps.holyoke.ma.us), or Kevin Auffrey, [kmauffrey@hps.holyoke.ma.us](mailto:kmauffrey@hps.holyoke.ma.us)

OVER

¡Es hora de inscribirse en Holyoke High School Fall Sports! HHS Sports está abierto a todos los estudiantes matriculados en la Escuela Secundaria Holyoke. Nuestros deportes de otoño son golf, hockey sobre hierba, voleibol femenino, fútbol masculino, fútbol femenino, cross country femenino, cross country masculino y baloncesto unificado. Haga clic aquí o use el siguiente enlace para acceder a nuestro formulario de registro:

<https://docs.google.com/forms/d/e/1FAIpQLScL3oqluIOjIjyWy1XoRUKik7OEKAhvSRpoCo3cHlxrat3ahg/viewform>

Después de enviar el formulario de registro, recuerde completar el proceso de registro: completando los 3 formularios en:

<https://holyokeschools.rankonesport.com/New/NewInstructionsPage.aspx>,

completar una prueba de conmoción cerebral basal en <http://www.concussionvitalsigns.com/>, y Entregar un examen físico válido a la Oficina de Atletismo.

Las instrucciones para los formularios y las pruebas de referencia se pueden encontrar en el sitio web de HHS Athletics, <https://www.hps.holyoke.ma.us/families/athletics/>.

Cualquier pregunta puede ser enviada Mel Martin, [memartin@hps.holyoke.ma.us](mailto:memartin@hps.holyoke.ma.us), o Kevin Auffrey, [kmauffrey@hps.holyoke.ma.us](mailto:kmauffrey@hps.holyoke.ma.us)

**Information for Fall Try-Outs 2021-22**  
**Athletic Office Phone: 413-493-1683 / Fax: 413-534-2098**  
**Holyoke High School – Home of the Knights**

**BOYS SOCCER**

**MON. 8/23/21 TURF AT H.H.S 5-7 P.M.**

Coach: Sean Foley - [sean2foley@gmail.com](mailto:sean2foley@gmail.com)

413-222-8690

Cleats, shin guards, running shoes

**GOLF**

**Mon. 8/23/21 3:30-5:30 P.M.**

At Wyckoff Country Club

Golf season is short...PRACTICE!!!

Coach: Ryan Blain - [rblain@cpsge.org](mailto:rblain@cpsge.org)

413-636-5323

**GIRLS SOCCER**

**MON. 8/23/21 TURF AT H.H.S 4-6 P.M.**

Coach Molly Burke [mmburke12@yahoo.com](mailto:mmburke12@yahoo.com)

413-636-8896

Cleats, shin guards, running shoes

**GIRLS VOLLEYBALL-H.H.S. LARGE GYM**

**MON. 8/23/21 3:15-5:15 P.M.**

Sneaker, shorts, T-shirts, sweatpants

Coach Paula Conway 413-493-1683

**FOOTBALL**

**FRIDAY- 8/20/21 Helmet Fitting 1 P.M.**

**Meeting 2:30-3:30P.M. / PRACTICE 4-6 P.M.**

**Saturday, 8/21/21 9 A.M. Meeting/10 A.M.-12 P.M. Practice**

Coach: Joe Dutsar - [jdutsar@hps.holyoke.ma.us](mailto:jdutsar@hps.holyoke.ma.us) 860-202-9779

**CROSS COUNTRY- Meet at the track**

**MON. 8/23/21 3:30-5:30 P.M.**

Running shoes, paperwork, water bottle.

Boys Coach-Axel Cruz 413-388-6066 [acruz@hps.holyoke.ma.us](mailto:acruz@hps.holyoke.ma.us)

Girls Coach: Karla Rodriguez - [rodz.rivera.karla@gmail.com](mailto:rodz.rivera.karla@gmail.com) 787-923-1964

**FIELD HOCKEY**

**MON. 8/23/21 3-5 P.M. Turf**

Sneakers, stick, goggles, shin pads, cleats

Coaches: Maryann Pelligrinelli & Sue Pelligrinelli [mpelligrinelli@hps.holyoke.ma.us](mailto:mpelligrinelli@hps.holyoke.ma.us)

**CHEERLEADING - HHS SMALL GYM**

**MON. 8/23/21 4:30-6:30 P.M.**

Coach: Sidney Gomez - [gomez.marie.sidney@gmail.com](mailto:gomez.marie.sidney@gmail.com) 413-588-6276

T-shirt, shorts, sneakers, no jewelry or cell phone

**UNIFIED BASKETBALL- TBA MID-SEPTEMBER**

Coach Andrea Lubold [amlubold@hps.holyoke.ma.us](mailto:amlubold@hps.holyoke.ma.us)

\*\*\*\*\*

You must have a current physical (Valid for 13 months from the date of exam), Complete all 3 online forms. Registration forms and a baseline concussion test before the first day of try-outs. Links to online registration, baseline concussion test and printable physical form can be found at: <https://www.hps.holyoke.ma.us/families/athletics/>

If you have any questions please email:

Mel Martin [memartin@hps.holyoke.ma.us](mailto:memartin@hps.holyoke.ma.us) or Kevin Auffrey [kmauffrey@hps.holyoke.ma.us](mailto:kmauffrey@hps.holyoke.ma.us)

Información para pruebas para el otoño 2021-22  
Oficina Atlética Telefono: 413-493-1683 - Fax: 413-534-2098  
Holyoke High School - Home of the Knights

Balon pies de Barones Lunes 23 de agosto 5-7 P.M.

Lugar: Turf Robert's en H.H.S.

Entrenador: Sean Foley - sean2foley@gmail.com 413-222-8690

Zapatos de fútbol, espinilleras, zapatos para correr

Golf Lunes 23 de agosto

Lugar: Wyckoff Country Club 3:30-5:30 P.M.

La temporada de golf es corta ... PRÁCTICA !!!

Entrenador: Ryan Blain - rblain@cpsge.org 413-636-5323

Voleibol de Hembras Lunes 23 de agosto

Lugar: Gimnasio grande de H.H.S. 3:15-5:15 P.M.

Zapatos para correr, pantalones cortos, camisetas, pantalones de chándal.

Entrenador: Paula Conway 413-493-1683

Fútbol

Viernes- 8/20/21 Ajuste del casco 1 P.M.

Reunión 2: 30-3:30 P.M. / PRÁCTICA 4-6 P.M.

Sábado, 21/8/21 9 A.M. Reunión / 10 A.M.-12 P.M. Práctica

Entrenador: Joe Dutsar - jdutsar@hps.holyoke.ma.us 860-202-9779

Balon pies de Hembras Lunes 23 de agosto

Lugar: Turf Robert's en H.H.S. 4-6 P.M.

Entrenador: Molly Burke - mmburke12@yahoo.com 413-636-8896

Zapatos de fútbol, espinilleras, zapatos para correr

Cross Country - Encuentro en la pista.

Lunes 23 de agosto Turf 3:30-5:30 P.M.

Zapatos de correr, papelería de deporte, botella de agua.

Entrenador de barones: Axel Cruz 413-388-6066acruz@hps.holyoke.ma.us

Entrenador de hembras: Karla Rodriguez - rodz.rivera.karla@gmail.com 787-923-1964

Hockey Sobre Hierba

Lunes 23 de agosto

Lugar: Turf 3-5 P.M.

Zapatos para correr, bastón, gafas protectoras, espinilleras, zapatos del deporte

Entrenadores: Maryann Pelligrinelli y Sue Pelligrinelli - mpelligrinelli@hps.holyoke.ma.us

Cheerleading

Lunes 23 de Agosto 4:30-6:30 P.M.

Lugar: Gimnasio pequeño de H.H.S.

Entrenadora: Sidney Gomez - gomez.marie.sidney@gmail.com 413-588-6276

Camiseta, pantalón corto, zapatos de correr, sin joyas o teléfono celular.

Baloncesto unificado-TBA -A mediados de septiembre

Entrenador: Andrea Lubold amlubold@hps.holyoke.ma.us

USTED DEBE TENER UN FÍSICO ACTUAL (válido por 13 meses a partir de la fecha del examen), COMPLETAR LAS 3 FORMAS DE REGISTRO EN LÍNEA Y UNA PRUEBA DE CONCUSIÓN ANTES DEL PRIMER DIA DE PRACTICA. PUEDE ENCONTRAR EL REGISTRO EN LÍNEA, LA PRUEBA DE CONCUSIÓN Y FORMA DEL FÍSICO EN:  
<https://www.hps.holyoke.ma.us/families/athletics/>

Si usted tiene alguna pregunta, por favor de enviar un mensaje electrónico a Mel Martin [memartin@hps.holyoke.ma.us](mailto:memartin@hps.holyoke.ma.us)  
Kevin Auffrey [kmauffrey@hps.holyoke.ma.us](mailto:kmauffrey@hps.holyoke.ma.us)

# **RANK ONE SPORT**

PART OF THE ALLPLAYERS NETWORK

## **Holyoke Public Schools Quick Guide to filling out Electronic Forms**

Holyoke Schools Athletic Department has electronic registration for sports participation. Please follow the steps below to register your son/daughter in our system. There are **THREE** forms that need to be completed. If you are a returning athlete or have submitted these forms earlier in the school year only the **Head Injury / Concussion Reporting Form** needs to be submitted. Once you have completed and submitted these forms a physical must be handed in to the athletic department in order for your son/daughter to participate.

**\*\*All Forms will re-set at a new school year and will need to be submitted again.**

GOTO: [www.hps.holyoke.ma.us](http://www.hps.holyoke.ma.us) Follow the steps below.

Click on Families, Athletics, and then click the RED Register Online Box

This will take you to Rankone.com to register your son/daughter

### **Instructions TAB:**

This page explains what forms are required for athletics, how to sign and submit an online form and what academic requirements are needed for athletic eligibility. At the top right you have the option to select **English** or **Spanish**

### **Electronic Participation Forms:** (these are the forms that need to be submitted)

Read and Consent Forms

Emergency Information and Authorization Form

Head Injury / Concussion Reporting Form (this form needs to be completed EVERY season)

### **To Get Started:**

- Select the first form from the drop down tab.
- Fill in the students FIRST NAME, LAST NAME, STUDENT ID #, and select SCHOOL.
  - ✓ STUDENTS NAME IS EXACTLY HOW IT APPEARS ON THEIR SCHOOL ID
  - ✓ IF STUDENT ID # STARTS WITH ANY ZEROS, DROP ALL ZEROS AND START WITH FIRST WHOLE NUMBER. Example: ID#: 00123456 = 123456
- Read and fill in each form completely
- Sign each form to consent you have read and understood the information
- To sign the document click inside the signature box and hold your mouse down, this will allow you to create an "Electronic Signature". If you make a mistake and need to start over, click on the refresh icon next to the signature box.
- Enter your email address in the notification email box to receive a copy
- Click submit
- A page will display with the option to download and print a copy of the form.
  - ✓ The HPS Athletic Dept. will **NOT** accept paper documents. If you are having trouble submitting the forms please call the office.

### **Physicals:**

Form is available for print. Must be filled out by your physician and handed into the athletic office prior to the first try-out date or practice



# **RANK ONE SPORT**

PART OF THE ALLPLAYERS NETWORK  
Escuelas Públicas de Holyoke

## **Guía rápida para llenar formularios electrónicos.**

El Departamento de Atletismo de las Escuelas Públicas de Holyoke tiene la matricula electronica para la participacion en los deportes. Hay TRES formas que DEBEN estar completas. Si eres un/a atleta que viene de Nuevo o si nos has dado estas formas este ano, solamente la forma de Lesiones del la Cabeza/o de comnoción deben estar llenadas. Cuando han terminado y nos has dado las formas necesarias, debes darnos un papel del fisico para que su hijo / hija pueda participar.

**\*\* TODAS FORMAS NECESITAN ESTAR LLENADAS DE NUEVO CADA AÑO.**

**VAYA:** [www.hps.holyoke.ma.us](http://www.hps.holyoke.ma.us) Sigue las directions allí.

**HAZ CLIQUE:** en Familias, Athleticos y haz Clique en la CAJA ROJA De MATRICULARSE

Esto te va a llevar a "RANKONE.COM" para matricular a su hijo/hija

### **Instrucciones TAB:**

Esta página explica qué formas se necesitan para el atletismo, la forma de firmar y de presenar un formulario en línea y cuáles son los requisitos académicos que son necesarios para la elegibilidad atlética. Arriba derecho usted tiene la opción de seleccionar **Inglés o Español**

### **Formularios electrónicos de participación:**

Información de Emergencia y Autorización  
Lesiones de la Cabeza / Comoción Reporting  
Formularios de consentimiento y de leer

### **Para empezar:**

- Seleccione la primera forma del menu
- Llene el primier nombbre del estudiante, APELLIDO, ID CODIGO de BARRAS Y seleccione ESCUELLA.  
EL NOMBRE DEL ESTUDIANTE ES EXACTAMENTE COMO APARECE EN SU ID DE ESTUDIANTE. SE EL NUMERO DE ID EMPIEZA CON LOS CEROS, NO USE LOS CEROS Y EMPIEZA CON EL PRIMER NUMERO TOTAL. EJ: ID# 00123456 = 123456
- Lea y ellene cada formulario complete.
- Firme ada forma de consenter que haya comprendido la información.
- Para firmar el document, haga clic denro de la caja de la firma y mantenga el punter del ratón abajo, esto le permitirá crear una "firma electronica". Si comete un error y necesita volver a empezar, haga clic en el icono de actualización junto a la firma cuadro.
- Introduzca su dirección de correo electrónico en la casilla de correo electrónico de notificación a recibir una copia
- Haga clic en enviar
- Una página aparecerá con la opción para descargar e imprimir una copia del formulario. Continuar a forma (s) restante

**EL DEPARTAMENTO DE ATHLETISMO NO ACEPTA LAS FORMAS DE PAPEL. SI UD. TIENE PROBLEMAS EN ENVIAR FORMA LLAME A LA OFICINA DE ATHLETISMO.**

### **Los exámenes físicos para Descargar e Imprimir:**

Imprima, llene y firme la página uno. Tome etse formulario a su médocoy ellos tienen que completer la segunda página con su firma. Entregue el formulario al departamento de atletismo ANTES DEL PRIMERO DIA DE PRACTICA O TRY-OUT.

## Baseline Testing Instructions

- \*\*\*THIS TEST MUST BE TAKEN ON A DESKTOP OR LAPTOP COMPUTER.
- \*\*\*YOU CANNOT TAKE THIS TEST ON A TABLET OR PHONE.

To access concussion Vital Signs to take a Baseline or Post Concussion Test please follow the below instructions.

The website can be accessed by going directly to [www.concussionvitalsigns.com](http://www.concussionvitalsigns.com) or through the HPS website : [www.hps.holyoke.ma.us](http://www.hps.holyoke.ma.us) -- click on families, athletics, scroll down and click of red Concussion Baseline Test box.

Once on Concussion Vital Signs website follow the directions below:

1. Click on Athlete Testing.
2. Enter Username: Purple Knights  
Password: 01040 --Click Athlete Assessment Login
3. Enter Athlete ID: (Your LASID Number) --Click Take the Test
4. Fill in all boxes: Confirm Your LASID Number  
Use drop down boxed to fill in your birthday  
Enter your Full Name (NOT Optional)  
Select Assessment Type: \*\*Baseline\*\*  
Select Assessment: \*\*Concussion Vital Signs\*\*  
Testing Supervision: Select as appropriate  
Testing Environment: Select as appropriate
5. Once all boxes are filled click OK.
6. You can switch the language by using the drop down box / or Click OK to start the test.

Take your time reading the instructions when testing.

If one test is done wrong, the entire test will be invalid and you will need to take it again.

Esta prueba debe ser tomada en un escritorio o una computadora portátil. No puede realizar esta prueba en una tableta o teléfono

Para acceder a los signos vitales de conmoción cerebral para tomar una línea de base o después de la prueba, por favor siga las instrucciones.

Se puede acceder a este sitio web yendo directamente a [www.concussionvitalsigns.com](http://www.concussionvitalsigns.com) o a través del sitio web de HPS: [www.HPS.hoyoke.ma.US](http://www.HPS.hoyoke.ma.US), haga clic en familias, atletismo, desplácese hacia abajo y haga clic en el cuadro de línea de fondo de concusión rojo.

Una vez en el sitio web de concusión Vital Signs, siga las instrucciones siguientes:

1. Haga clic en prueba de atletas.
2. Ingrese el nombre de usuario: Purple Knights (Username)  
Contraseña: 01040 (Password)  
Haga clic en asignación de sesión de atleta ( Athlete Assignment Login)
3. Ingrese el ID de atleta: (su número de LASID)  
Haga clic en tomar la prueba.
4. Rellene todas las casillas:
  - A. Confirme su número de LASID.
  - B. Utilice la caja desplegable para rellenar su cumpleaños
  - C. Ingrese su nombre completo. (No opcional)
  - D. Seleccionar tipo de evaluación: Baseline
  - E. Seleccione evaluación: \* \* concusión signos vitales \* \*
  - F. Supervisión de las pruebas: seleccione según corresponda
  - G. Entorno de prueba: seleccione según corresponda
5. Una vez que todas las cajas están llenas, haga clic en OK.
6. Puede cambiar el idioma utilizando el cuadro desplegable. O haga clic en Ok para iniciar la prueba

Tómese su tiempo leyendo las instrucciones cuando esté probando. Si una prueba se hace mal, la prueba entera será inválida y usted tendrá que tomarla otra vez.



# MIAA RECOMMENDED SPORTS CANDIDATE MEDICAL QUESTIONNAIRE

## PART A ~ HISTORY

DATE of EXAM \_\_\_\_\_

Student's Name _____		Sex _____	Age _____	Date of Birth _____
Grade _____	School _____		Sport(s) _____	
Address _____			Tel _____	
Physician _____			Tel _____	

IN CASE OF AN EMERGENCY, CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel (H) \_\_\_\_\_ (W) \_\_\_\_\_

**EXPLAIN "YES" ANSWERS BELOW. CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.**

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a missing or diseased paired organ?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
8. Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
9. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
10. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
11. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
12. Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
13. Have you ever had racing of your heart or skipped heartbeat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm		<input type="checkbox"/> Foot
14. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	39. Record the dates of your most recent immunizations (shots) for:		
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____	Measles _____	
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____	Chickenpox _____	
20. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY:</b>		
21. Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	40. When was your first menstrual period? _____		
22. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	41. When was your most recent menstrual period? _____		
23. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	42. How much time do you usually have from the start of one period to the start of another? _____		
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	43. How many periods have you had in the last year? _____		
25. Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	44. What was the longest time between periods in the last year? _____		
26. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here: _____		
27. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
28. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
29. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

**I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.**

Signature of Athlete/Date \_\_\_\_\_ Signature of Parent-Guardian/Date \_\_\_\_\_

~ over ~

**PART B ~ PHYSICAL EXAMINATION**

Date of Exam \_\_\_\_\_

STUDENT (Please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ )

Eyes: R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*Station-based examination only

**PART C ~ CLEARANCE**☐ Cleared☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

Date of Exam \_\_\_\_\_

Name of physician (Please print): \_\_\_\_\_

Signature of physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

## CUESTIONARIO DE SALUD FISICA

NOMBRE \_\_\_\_\_

/ /  
FECHA

· HISTORIAL MEDICO-LOS PADRES O EL ESTUDIANTE DEBEN CONTESTAR

#	EXPLIQUE ABAJO SI CONTESTA	SI	NO
1.	Alguna enfermedad cronica o recurrente?		
2.	Enfermedades de tres o mas semanas de duracion?		
3.	Ha estado hospitalizado?		
4.	Alguna cirugia ademas de las amigdalas?		
5.	Ha sufrido golpes que hayan requerido atencion medica?		
6.	Toma alguna medicina?		
7.	Sufre de presion arterial o del carazon?		
8.	Sufre de mareos, desmayos, convulsiones o dolores de cabeza con frecuencia?		
9.	Ha perdido el conocimiento o sufrido de concusion alguna vez?		
10.	Usa espejuelos o lentes de contacto?		
11.	Usa algun tipo de debtadyra postiza?		
12.	Es alergico a factores ambientales? (aspirina, penicilina, etc.)		
13.	Es alergico a picaduras de insectos?		
14.	Es alergico a factores ambientales? (polen, arboles, etc.)		
15.	Ha sufrido golpes en las rodillas?		
16.	Ha tenido alguna opercaion en las rodillas?		
17.	Ha sufrido algun golpe en los tobillos?		
18.	Tiene algun problema con el cuello?		
19.	Se ha torcido o dislocado alguna coyuntura?		
20.	Ha sufrido fracturas?		
21.	Le falta algun organo ademas de las a migdalas? (apendice, ojo, rinon, testiculo)		
22.	Sufre de agotamiento por el calor excesivo?		
23.	Existe alguna por la cual este solicitante no deba participar en deportes?		

FECHA DE LA ULTIMA YACUNA CONTRA EL TETANO (DFT-TD).

Doy permiso a mi hijo(a) para participar en \_\_\_\_\_ (deporte).

FIRMA DE LOS PADRES \_\_\_\_\_

/ /  
FECHA

Si mi hijo(a) no ha sido vacunado contra el tetano en los ultimos cinco anos, doy permiso a la escuela para bacerlo.

R DE  
AR AQUI

Firma padres o encargado \_\_\_\_\_



## PHYSICAL EXAMINATION FORM

VISION:	RIGHT	LEFT	WITH	RIGHT	LEFT
	20/	20/	GLASSES:	20/	20/

CLEARANCE: A. Cleared \_\_\_\_\_  
B. Cleared after completing evaluation rehabilitation for \_\_\_\_\_  
C. Not Cleared for Collision \_\_\_\_\_  
Contact \_\_\_\_\_  
Noncontact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderate \_\_\_\_\_ Nonstrenuous \_\_\_\_\_  
Due to: \_\_\_\_\_

CITY STATE ZIP CODE

# FALL SPORTS 2021

It is time to sign up for Holyoke High School Fall Sports! HHS Sports are open to all students enrolled at Holyoke High School. Our Fall Sports are Golf, Field Hockey, Girls Volleyball, Boys Soccer, Girls Soccer, Girls Cross Country, Boys Cross Country and Unified Basketball. Click here or use the following link to access our sign up form:

[https://docs.google.com/forms/d/e/1FAIpQLScL3oqluIOjJyWy1XoRUKik7OEKAhvSRpoCo3cHl\\_xrat3ahg/viewform](https://docs.google.com/forms/d/e/1FAIpQLScL3oqluIOjJyWy1XoRUKik7OEKAhvSRpoCo3cHl_xrat3ahg/viewform)

After submitting the sign-up form, please remember to complete the registration process by:

1. completing the 3 forms at:  
<https://holyokeschools.rankonesport.com/New/NewInstructionsPage.aspx>,
2. completing a baseline concussion test at <http://www.concussionvitalsigns.com/>, and
3. handing in a valid physical to the Athletic Office.

Instructions for forms and baseline testing can be found on the HHS Athletics website, <https://www.hps.holyoke.ma.us/families/athletics/>.

Any questions can be forwarded Mel Martin, [memartin@hps.holyoke.ma.us](mailto:memartin@hps.holyoke.ma.us), or Kevin Auffrey, [kmauffrey@hps.holyoke.ma.us](mailto:kmauffrey@hps.holyoke.ma.us)

~~NOTHING TO REPORT~~  
OVER

¡Es hora de inscribirse en Holyoke High School Fall Sports! HHS Sports está abierto a todos los estudiantes matriculados en la Escuela Secundaria Holyoke. Nuestros deportes de otoño son golf, hockey sobre hierba, voleibol femenino, fútbol masculino, fútbol femenino, cross country femenino, cross country masculino y baloncesto unificado. Haga clic aquí o use el siguiente enlace para acceder a nuestro formulario de registro:

[https://docs.google.com/forms/d/e/1FAIpQLScL3oqluIOjJyWy1XoRUKik7OEKAhvSRpoCo3cHl\\_xrat3ahg/viewform](https://docs.google.com/forms/d/e/1FAIpQLScL3oqluIOjJyWy1XoRUKik7OEKAhvSRpoCo3cHl_xrat3ahg/viewform)

Después de enviar el formulario de registro, recuerde completar el proceso de registro: completando los 3 formularios en:

<https://holyokeschools.rankonesport.com/New/NewInstructionsPage.aspx>,

completar una prueba de conmoción cerebral basal en <http://www.concussionvitalsigns.com/>, y Entregar un examen físico válido a la Oficina de Atletismo.

Las instrucciones para los formularios y las pruebas de referencia se pueden encontrar en el sitio web de HHS Athletics, <https://www.hps.holyoke.ma.us/families/athletics/>.

Cualquier pregunta puede ser enviada Mel Martin, [memartin@hps.holyoke.ma.us](mailto:memartin@hps.holyoke.ma.us), o Kevin Auffrey, [kmauffrey@hps.holyoke.ma.us](mailto:kmauffrey@hps.holyoke.ma.us)

**Information for Fall Try-Outs 2021-22**  
**Athletic Office Phone: 413-493-1683 / Fax: 413-534-2098**  
**Holyoke High School – Home of the Knights**

**BOYS SOCCER**

**MON. 8/23/21 TURF AT H.H.S 5-7 P.M.**

Coach: Sean Foley - [sean2foley@gmail.com](mailto:sean2foley@gmail.com)

413-222-8690

Cleats, shin guards, running shoes

**GOLF**

**Mon. 8/23/21 3:30-5:30 P.M.**

At Wyckoff Country Club

Golf season is short...PRACTICE!!!

Coach: Ryan Blain - [rblain@cpsqe.org](mailto:rblain@cpsqe.org)

413-636-5323

**GIRLS SOCCER**

**MON. 8/23/21 TURF AT H.H.S 4-6 P.M.**

Coach Molly Burke [mmburke12@yahoo.com](mailto:mmburke12@yahoo.com)

413-636-8896

Cleats, shin guards, running shoes

**GIRLS VOLLEYBALL-H.H.S. LARGE GYM**

**MON. 8/23/21 3:15-5:15 P.M.**

Sneaker, shorts, T-shirts, sweatpants

Coach Paula Conway 413-493-1683

**FOOTBALL**

**FRIDAY- 8/20/21 Helmet Fitting 1 P.M.**

**Meeting 2:30-3:30P.M. / PRACTICE 4-6 P.M.**

**Saturday, 8/21/21 9 A.M. Meeting/10 A.M.-12 P.M. Practice**

Coach: Joe Dutsar - [jdutsar@hps.holyoke.ma.us](mailto:jdutsar@hps.holyoke.ma.us) 860-202-9779

**CROSS COUNTRY- Meet at the track**

**MON. 8/23/21 3:30-5:30 P.M.**

Running shoes, paperwork, water bottle.

Boys Coach-Axel Cruz 413-388-6066 [acruz@hps.holyoke.ma.us](mailto:acruz@hps.holyoke.ma.us)

Girls Coach: Karla Rodriguez - [rodz.rivera.karla@gmail.com](mailto:rodz.rivera.karla@gmail.com) 787-923-1964

**FIELD HOCKEY**

**MON. 8/23/21 3-5 P.M. Turf**

Sneakers, stick, goggles, shin pads, cleats

Coaches: Maryann Pelligrinelli & Sue Pelligrinelli [mpelligrinelli@hps.holyoke.ma.us](mailto:mpelligrinelli@hps.holyoke.ma.us)

**CHEERLEADING - HHS SMALL GYM**

**MON. 8/23/21 4:30-6:30 P.M.**

Coach: Sidney Gomez - [gomez.marie.sidney@gmail.com](mailto:gomez.marie.sidney@gmail.com) 413-588-6276

T-shirt, shorts, sneakers, no jewelry or cell phone

**UNIFIED BASKETBALL- TBA MID-SEPTEMBER**

Coach Andrea Lubold [amlubold@hps.holyoke.ma.us](mailto:amlubold@hps.holyoke.ma.us)

\*\*\*\*\*

You must have a current physical (Valid for 13 months from the date of exam), Complete all 3 online forms. Registration forms and a baseline concussion test before the first day of try-outs. Links to online registration, baseline concussion test and printable physical form can be found at: <https://www.hps.holyoke.ma.us/families/athletics/>

If you have any questions please email:

Mel Martin [memartin@hps.holyoke.ma.us](mailto:memartin@hps.holyoke.ma.us) or Kevin Auffrey [kmauffrey@hps.holyoke.ma.us](mailto:kmauffrey@hps.holyoke.ma.us)

Información para pruebas para el otoño 2021-22  
Oficina Atlética Telefono: 413-493-1683 - Fax: 413-534-2098  
Holyoke High School - Home of the Knights

Balon pies de Barones Lunes 23 de agosto 5-7 P.M.

Lugar: Turf Robert's en H.H.S.

Entrenador: Sean Foley - sean2foley@gmail.com 413-222-8690

Zapatos de fútbol, espinilleras, zapatos para correr

Golf Lunes 23 de agosto

Lugar: Wyckoff Country Club 3:30-5:30 P.M.

La temporada de golf es corta ... PRÁCTICA !!!

Entrenador: Ryan Blain - rblain@cpsge.org 413-636-5323

Voleibol de Hembras Lunes 23 de agosto

Lugar: Gimnasio grande de H.H.S. 3:15-5:15 P.M.

Zapatos para correr, pantalones cortos, camisetas, pantalones de chándal.

Entrenador: Paula Conway 413-493-1683

Fútbol

Viernes- 8/20/21 Ajuste del casco 1 P.M.

Reunión 2: 30-3:30 P.M. / PRÁCTICA 4-6 P.M.

Sábado, 21/8/21 9 A.M. Reunión / 10 A.M.-12 P.M. Práctica

Entrenador: Joe Dutsar - jdutsar@hps.holyoke.ma.us 860-202-9779

Balon pies de Hembras Lunes 23 de agosto

Lugar: Turf Robert's en H.H.S. 4-6 P.M.

Entrenador: Molly Burke - mmburke12@yahoo.com 413-636-8896

Zapatos de fútbol, espinilleras, zapatos para correr

Cross Country - Encuentro en la pista.

Lunes 23 de agosto Turf 3:30-5:30 P.M.

Zapatos de correr, papelería de deporte, botella de agua.

Entrenador de barones: Axel Cruz 413-388-6066acruz@hps.holyoke.ma.us

Entrenador de hembras: Karla Rodriguez - rodz.rivera.karla@gmail.com 787-923-1964

Hockey Sobre Hierba

Lunes 23 de agosto

Lugar: Turf 3-5 P.M.

Zapatos para correr, bastón, gafas protectoras, espinilleras, zapatos del deporte

Entrenadores: Maryann Pelligrinelli y Sue Pelligrinelli - mpelligrinelli@hps.holyoke.ma.us

Cheerleading

Lunes 23 de Agosto 4:30-6:30 P.M.

Lugar: Gimnasio pequeño de H.H.S.

Entrenadora: Sidney Gomez - gomez.marie.sidney@gmail.com 413-588-6276

Camiseta, pantalón corto, zapatos de correr, sin joyas o teléfono celular.

Baloncesto unificado-TBA -A mediados de septiembre

Entrenador: Andrea Lubold amlubold@hps.holyoke.ma.us

USTED DEBE TENER UN FÍSICO ACTUAL (válido por 13 meses a partir de la fecha del examen), COMPLETAR LAS 3 FORMAS DE REGISTRO EN LÍNEA Y UNA PRUEBA DE CONCUSIÓN ANTES DEL PRIMER DIA DE PRACTICA. PUEDE ENCONTRAR EL REGISTRO EN LÍNEA, LA PRUEBA DE CONCUSIÓN Y FORMA DEL FÍSICO EN:  
<https://www.hps.holyoke.ma.us/families/athletics/>

Si usted tiene alguna pregunta, por favor de enviar un mensaje electrónico a Mel Martin [memartin@hps.holyoke.ma.us](mailto:memartin@hps.holyoke.ma.us)  
Kevin Auffrey [kmauffrey@hps.holyoke.ma.us](mailto:kmauffrey@hps.holyoke.ma.us)



# **RANK ONE SPORT**

PART OF THE ALLPLAYERS NETWORK

## **Holyoke Public Schools Quick Guide to filling out Electronic Forms**

Holyoke Schools Athletic Department has electronic registration for sports participation. Please follow the steps below to register your son/daughter in our system. There are **THREE** forms that need to be completed. If you are a returning athlete or have submitted these forms earlier in the school year only the **Head Injury / Concussion Reporting Form** needs to be submitted. Once you have completed and submitted these forms a physical must be handed in to the athletic department in order for your son/daughter to participate.

**\*\*All Forms will re-set at a new school year and will need to be submitted again.**

GOTO: [www.hps.holyoke.ma.us](http://www.hps.holyoke.ma.us) Follow the steps below.

Click on Families, Athletics, and then click the RED Register Online Box

This will take you to Rankone.com to register your son/daughter

### **Instructions TAB:**

This page explains what forms are required for athletics, how to sign and submit an online form and what academic requirements are needed for athletic eligibility. At the top right you have the option to select **English** or **Spanish**

### **Electronic Participation Forms:** (these are the forms that need to be submitted)

Read and Consent Forms

Emergency Information and Authorization Form

Head Injury / Concussion Reporting Form (this form needs to be completed EVERY season)

### **To Get Started:**

- Select the first form from the drop down tab.
- Fill in the students FIRST NAME, LAST NAME, STUDENT ID #, and select SCHOOL.
  - ✓ STUDENTS NAME IS EXACTLY HOW IT APPEARS ON THEIR SCHOOL ID
  - ✓ IF STUDENT ID # STARTS WITH ANY ZEROS, DROP ALL ZEROS AND START WITH FIRST WHOLE NUMBER. Example: ID#: 00123456 = 123456
- Read and fill in each form completely
- Sign each form to consent you have read and understood the information
- To sign the document click inside the signature box and hold your mouse down, this will allow you to create an "Electronic Signature". If you make a mistake and need to start over, click on the refresh icon next to the signature box.
- Enter your email address in the notification email box to receive a copy
- Click submit
- A page will display with the option to download and print a copy of the form.
  - ✓ The HPS Athletic Dept. will **NOT** accept paper documents. If you are having trouble submitting the forms please call the office.

### **Physicals:**

Form is available for print. Must be filled out by your physician and handed into the athletic office prior to the first try-out date or practice

# **RANK ONE SPORT**

PART OF THE ALLPLAYERS NETWORK  
Escuelas Públicas de Holyoke

## **Guía rápida para llenar formularios electrónicos.**

El Departamento de Atletismo de las Escuelas Públicas de Holyoke tiene la matricula electronica para la participacion en los deportes. Hay TRES formas que DEBEN estar completas. Si eres un/a atleta que viene de Nuevo o si nos has dado estas formas este ano, solamente la forma de Lesiones del la Cabeza/o de comnacion deben estar llenadas. Cuando han terminado y nos has dado las formas necesarias, debes darnos un papel del fisico para que su hijo / hija pueda participar.

**\*\* TODAS FORMAS NECESITAN ESTAR LLENADAS DE NUEVO CADA AÑO.**

**VAYA:** [www.hps.holyoke.ma.us](http://www.hps.holyoke.ma.us) Sigue las directions alli.

**HAZ CLIQUE:** en Familias, Athleticos y haz Clique en la CAJA ROJA De MATRICULARSE

Esto te va a llevar a "RANKONE.COM" para matricular a su hijo/hija

### **Instrucciones TAB:**

Esta página explica qué formas se necesitan para el atletismo, la forma de firmar y de presenar un formulario en línea y cuáles son los requisitos académicos que son necesarios para la elegibilidad atlética. Arriba derecho usted tiene la opción de seleccionar Inglés o Español

### **Formularios electrónicos de participación:**

Información de Emergencia y Autorización  
Lesiones de la Cabeza / Comoción Reporting  
Formularios de consentimiento y de leer

### **Para empezar:**

- Seleccione la primera forma del menu
- Llene el primier mombre del estudiante, APELLIDO, ID CODIGO de BARRAS Y seleccione ESCUELLA. EL NOMBRE DEL ESTUDIANTE ES EXACTAMENTE COMO APARECE EN SU ID DE ESTUDIANTE. SE EL NUMERO DE ID EMPIEZA CON LOS CEROS, NO USE LOS CEROS Y EMPIEZA CON EL PRIMER NUMERO TOTAL. EJ: ID# 00123456 = 123456
- Lea y ellene cada formulario complete.
- Firme ada forma de consenter que haya comprendido la información.
- Para firmar el document, haga clic denro de la caja de la firma y mantenga el punter del ratón abajo, esto le permitirá crear una "firma electronica". Si comete un error y necesita volver a empezar, haga clic en el icono de actualización junto a la firma cuadro.
- Introduzca su dirección de correo electrónico en la casilla de correo electrónico de notificación a recibir una copia
- Haga clic en enviar
- Una página aparecerá con la opción para descargar e imprimir una copia del formulario. Continuar a forma (s) restante

**EL DEPARTAMENTO DE ATHLETISMO NO ACEPTA LAS FORMAS DE PAPEL. SI UD. TIENE PROBLEMAS EN ENVIAR FORMA LLAME A LA OFICINA DE ATLETISMO.**

### **Los exámenes físicos para Descargar e Imprimir:**

Imprima, llene y firme la página uno. Tome etse formulario a su médicoy ellos tienen que completar la segunda página con su firma. Entregue el formulario al departamento de atletismo ANTES DEL PRIMERO DIA DE PRACTICA O TRY-OUT.

## Baseline Testing Instructions

- \*\*\*THIS TEST MUST BE TAKEN ON A DESKTOP OR LAPTOP COMPUTER.
- \*\*\*YOU CANNOT TAKE THIS TEST ON A TABLET OR PHONE.

To access concussion Vital Signs to take a Baseline or Post Concussion Test please follow the below instructions.

The website can be accessed by going directly to [www.concussionvitalsigns.com](http://www.concussionvitalsigns.com) or through the HPS website : [www.hps.holyoke.ma.us](http://www.hps.holyoke.ma.us) -- click on families, athletics, scroll down and click of red Concussion Baseline Test box.

Once on Concussion Vital Signs website follow the directions below:

1. Click on Athlete Testing.
2. Enter Username: Purple Knights  
Password: 01040 --Click Athlete Assessment Login
3. Enter Athlete ID: (Your LASID Number) --Click Take the Test
4. Fill in all boxes: Confirm Your LASID Number  
Use drop down boxed to fill in your birthday  
Enter your Full Name (NOT Optional)  
Select Assessment Type: \*\*Baseline\*\*  
Select Assessment: \*\*Concussion Vital Signs\*\*  
Testing Supervision: Select as appropriate  
Testing Environment: Select as appropriate
5. Once all boxes are filled click OK.
6. You can switch the language by using the drop down box / or Click OK to start the test.

Take your time reading the instructions when testing.

If one test is done wrong, the entire test will be invalid and you will need to take it again.



Esta prueba debe ser tomada en un escritorio o una computadora portátil. No puede realizar esta prueba en una tableta o teléfono

Para acceder a los signos vitales de conmoción cerebral para tomar una línea de base o después de la prueba, por favor siga las instrucciones.

Se puede acceder a este sitio web yendo directamente a [www.concussionvitalsigns.com](http://www.concussionvitalsigns.com) o a través del sitio web de HPS: [www.HPS.hoyoke.ma.US](http://www.HPS.hoyoke.ma.US), haga clic en familias, atletismo, desplácese hacia abajo y haga clic en el cuadro de línea de fondo de concusión rojo.

Una vez en el sitio web de concusión Vital Signs, siga las instrucciones siguientes:

1. Haga clic en prueba de atletas.
2. Ingrese el nombre de usuario: Purple Knights (Username)  
Contraseña: 01040 (Password)  
Haga clic en asignación de sesión de atleta ( Athlete Assignment Login)
3. Ingrese el ID de atleta: (su número de LASID)  
Haga clic en tomar la prueba.
4. Rellene todas las casillas: A. Confirme su número de LASID.  
B. Utilice la caja desplegable para rellenar su cumpleaños  
C. Ingrese su nombre completo. (No opcional)  
D. Seleccionar tipo de evaluación: Baseline  
E. Seleccione evaluación: \* \* concusión signos vitales \* \*  
F. Supervisión de las pruebas: seleccione según corresponda  
G. Entorno de prueba: seleccione según corresponda
5. Una vez que todas las cajas están llenas, haga clic en OK.
6. Puede cambiar el idioma utilizando el cuadro desplegable. O haga clic en Ok para iniciar la prueba

Tómese su tiempo leyendo las instrucciones cuando esté probando. Si una prueba se hace mal, la prueba entera será inválida y usted tendrá que tomarla otra vez.



# MIAA RECOMMENDED SPORTS CANDIDATE MEDICAL QUESTIONNAIRE

## PART A ~ HISTORY

DATE of EXAM \_\_\_\_\_

Student's Name _____		Sex _____	Age _____	Date of Birth _____
Grade _____	School _____	Sport(s) _____		
Address _____		Tel _____		
Physician _____		Tel _____		

IN CASE OF AN EMERGENCY, CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel (H) \_\_\_\_\_ (W) \_\_\_\_\_

**EXPLAIN "YES" ANSWERS BELOW. CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.**

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a missing or diseased paired organ?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
8. Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
9. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
10. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
11. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
12. Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
13. Have you ever had racing of your heart or skipped heartbeat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm		<input type="checkbox"/> Foot
14. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	39. Record the dates of your most recent immunizations (shots) for:		
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____	Measles _____	
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____	Chickenpox _____	
20. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY:</b>		
21. Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	40. When was your first menstrual period? _____		
22. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	41. When was your most recent menstrual period? _____		
23. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	42. How much time do you usually have from the start of one period to the start of another? _____		
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	43. How many periods have you had in the last year? _____		
25. Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	44. What was the longest time between periods in the last year? _____		
26. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	Explain "Yes" answers here: _____		
27. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
28. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
29. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

**I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.**

Signature of Athlete/Date \_\_\_\_\_

Signature of Parent-Guardian/Date \_\_\_\_\_

~ over ~

**PART B ~ PHYSICAL EXAMINATION**

Date of Exam \_\_\_\_\_

STUDENT (Please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ )

Eyes: R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*Station-based examination only

**PART C ~ CLEARANCE**☐ Cleared☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

Date of Exam \_\_\_\_\_

Name of physician (Please print): \_\_\_\_\_

Signature of physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_



## CUESTIONARIO DE SALUD FISICA

NOMBRE \_\_\_\_\_

/ /  
FECHA

· HISTORIAL MEDICO-LOS PADRES O EL ESTUDIANTE DEBEN CONTESTAR

#	EXPLIQUE ABAJO SI CONTESTA	SI	NO
1.	Alguna enfermedad cronica o recurrente?		
2.	Enfermedades de tres o mas semanas de duracion?		
3.	Ha estado hospitalizado?		
4.	Alguna cirugía ademas de las amigdalas?		
5.	Ha sufrido golpes que hayan requerido atencion medica?		
6.	Toma alguna medicina?		
7.	Sufre de presion arterial o del carazon?		
8.	Sufre de mareos, desmayos, convulsiones o dolores de cabeza con frecuencia?		
9.	Ha perdido el conocimiento o sufrido de concusion alguna vez?		
10.	Usa espejuelos o lentes de contacto?		
11.	Usa algun tipo de debtadyra postiza?		
12.	Es alergico a factores ambientales? (aspirina, penicilina, etc.)		
13.	Es alergico a picaduras de insectos?		
14.	Es alergico a factores ambientales? (polen, arboles, etc.)		
15.	Ha sufrido golpes en las rodillas?		
16.	Ha tenido alguna operacion en las rodillas?		
17.	Ha sufrido algun golpe en los tobillos?		
18.	Tiene algun problema con el cuello?		
19.	Se ha torcido o dislocado alguna coyuntura?		
20.	Ha sufrido fracturas?		
21.	Le falta algun organo ademas de las a migdalas? (apendice, ojo, rinon, testiculo)		
22.	Sufre de agotamiento por el calor excesivo?		
23.	Existe alguna por la cual este solicitante no deba participar en deportes?		

FECHA DE LA ULTIMA YACUNA CONTRA EL TETANO (DFT-TD).

Doy permiso a mi hijo(a) para participar en \_\_\_\_\_ (deporte).

FIRMA DE LOS PADRES \_\_\_\_\_

/ /  
FECHA

Si mi hijo(a) no ha sido vacunado contra el tetano en los ultimos cinco anos, doy permiso a la escuela para bacerlo.

R DE  
AR AQUI

Firma padres o encargado \_\_\_\_\_

# PHYSICAL EXAMINATION FORM

VISION:	RIGHT 20/	LEFT 20/	WITH GLASSES:	RIGHT 20/	LEFT 20/
---------	--------------	-------------	------------------	--------------	-------------

CLEARANCE: A. Cleared \_\_\_\_\_  
B. Cleared after completing evaluation rehabilitation for \_\_\_\_\_  
C. Not Cleared for Collision \_\_\_\_\_  
Contact \_\_\_\_\_  
Noncontact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderate \_\_\_\_\_ Nonstrenuous \_\_\_\_\_  
Due to: \_\_\_\_\_

CITY	STATE	ZIP CODE
------	-------	----------

## Staff notice for 6-12 Educators and Leaders

1 message

Judy Taylor <jtaylor@hps.holyoke.ma.us>  
Reply-To: jtaylor@hps.holyoke.ma.us  
Bcc: hps@hps.holyoke.ma.us

Fri, May 14, 2021 at 4:14 PM

Dear 6-12 Educators and Leaders,

Achieving equity for our students requires us to continually develop cohesive academic programming, provide strong core instruction, and appropriate learning acceleration opportunities for all our students so that they become independent learners who excel as readers, writers, problem solvers and critical thinkers. *As a District, HPS is focused on the equity of student outcomes* and requires institutional change to align resources to accelerate student outcomes.

Efforts to accelerate learning and achievement live in culturally responsive education. It is through Culturally Responsive education that the District is prioritizing improving student achievement with a primary focus on accelerating student literacy achievement in every content area.

The District has recognized Ethnic Studies as an important component of our academic programming through establishing the Ethnic Studies course progression in grades 7-12. Ethnic Studies teaching and learning is an important contributor to the anti-racist work in the District and we are committed to strengthening the program while also ensuring that all academic department structures and District resources are aligned in service to student learning and success. The District has strengthened the commitment to our Ethnic Studies program by requiring all students to take Ethnic Studies/Social Studies courses in grades 7 and 8 and that all current Ethnic Studies courses continue in the High School. Furthermore, the District is situating this academic discipline in the same way as other content areas at the secondary level by establishing it as a 7-12 department with a Department Head leader.

This reorganization requires the establishment of a 7-12 Department Head of Ethnic Studies (ES). This change allows more students to take High School Ethnic Studies courses. Please see chart below for the distribution of responsibilities:

Ethnic Studies Department Responsibilities	Person(s) Responsible
Leading the development/revision of curriculum across grades 7-12	Department Head (DH) of ES and department members
Providing/Organizing PD in ES curriculum and pedagogy	DH of ES
Managing Dual Enrollment and coordinating field experiences	High School Coordinator of Advanced Learning (in consultation with the DH)
Leading/coordinating field trips	DH and teachers (as is the practice of all other departments)
Building and sustaining community advisory board and other community relations	DH and department members with support from school and district leadership

It is the District's belief that this reorganization is in the best interest of our students and is critical to developing sustainable structures that support the accelerated growth and achievement of our students.

Sincerely,



Anthony Soto, Acting Superintendent/Receiver

*Valerie J. Annear*

Valerie J.C. Annear, Chief Instructional Officer

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Best,  
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