# Middle School Physical Education Intramural Handbook

2015—2016

MONTGOMERY COUNTY PUBLIC SCHOOLS PROCKVILLE, MARYLAND





#### **VISION**

We inspire learning by providing the greatest public education to each and every student.

#### **MISSION**

Every student will have the academic, creative problem solving, and social emotional skills to be successful in college and career.

#### **CORE PURPOSE**

Prepare all students to thrive in their future.

#### **CORE VALUES**

Learning Relationships Respect Excellence Equity

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850 Hungerford Drive Rockville, Maryland 20850 www.montgomeryschoolsmd.org

## MIDDLE SCHOOL PHYSICAL EDUCATION INTRAMURAL HANDBOOK 2015–2016

Office of Curriculum and Instructional Programs

Department of Curriculum and Instruction

Cara Grant, Supervisor, Health and Physical Education

Montgomery County Public Schools Rockville, Maryland

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#### **ACKNOWLEDGEMENTS**

This handbook was produced under the leadership of the following persons:

Mr. Pablo Rosas-Hernandez, administrative secretary, Health and Physical Education

Ms. Karen Kart, content specialist, Physical Education

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#### INTRODUCTION

This handbook offers middle school administrators, intramural coordinators, and intramural directors a basis for making organizational and administrative decisions for the administration, reinforcement, and improvement of the middle school intramural program.

#### **PHILOSOPHY**

The middle school intramural program is an extension of the regular physical education instructional program, involving physical activity conducted before and/or after school among students in the same school. All intramural activities are treated equally in terms of resources, facilities, selection of staff, and allocation of supplies and equipment.

Intramural programs should provide students with a variety of interesting, diverse, and challenging activities to accommodate differing levels of need, skill, readiness, and interests. Each school's program should be individualized to reflect the needs and interests of all its students. The primary reason for participation is enjoyment of the activity rather than pressure to compete and win. Such an environment will enable students to grow, develop positive attitudes, increase self-esteem, enjoy positive social interactions, and broaden their leisure horizons.

#### **GOALS**

The middle school intramural program provides opportunities for students to:

- Enjoy participation and personal success
- Strive for personal bests, make commitments, set goals, and follow through with responsibilities
- Participate in an intramural program in a safe environment and under the direction of knowledgeable, caring, and trained personnel
- Develop creativity and provide opportunities to generate games, rules, and schedules
- Participate in the planning, organization, and leadership of the intramural program

#### **JOB DESCRIPTION**

#### INTRAMURAL COORDINATOR

It is preferable that intramural coordinators be selected from personnel within the physical education department because of their knowledge of the physical education program, available equipment, facilities, and first aid,

#### Intramural coordinators shall:

- Attend mandatory intramural coordinators meetings with the supervisor of Health and Physical Education.
- Develop and submit to the principal the planned intramural program for the year and provide a copy to the coordinator of physical education.
- Use the <u>Middle School Physical Education Intramural Handbook</u> and Montgomery County Public Schools (MCPS) <u>Secondary Physical Education Instructional Guide</u> as guidelines to develop a program that meets the needs and interests of students.
- Include a variety of intramural activities during the year that extend from the regular physical education instructional program.
- Be involved in the selection of intramural directors.
- Develop, discuss, and provide in writing with intramural directors the procedures for student attendance, eligibility, and participation in intramurals.
- Ensure that each intramural director has been certified in CPR and the use of the AED
- Provide each intramural director with an electronic copy of the <u>Middle School Physical</u> Education Intramural Handbook.
- Meet with the intramural directors to discuss:
  - organization of the program
  - procedures for safety
  - emergency procedures
  - locker room supervision
  - equipment
  - facility use
  - criteria for awards
- Coordinate the use of supplies, facilities and equipment with the administrative personnel, physical education resource teacher/department chairperson, and athletic coordinator to avoid conflicts in the use of facilities.
- Publicize the intramural program to students, staff, and community.
- Evaluate the program through on-site appraisals during scheduled activities and in discussions with intramural directors and participants.
- Provide program feedback to the administrator who evaluates the intramural directors and programs.
- Ensure that the intramural directors are fulfilling their responsibilities as set forth in the Middle School Physical Education Intramural Handbook.
- Obtain approval from the principal for any extramural activities and/or contests.
- When necessary, schedule paid officials with the approval of the principal.

- Submit Middle School Intramural Coordinator Program Report (page 44) to Pablo Rosas-Hernandez, Carver Educational Services Center, Room 253, via email or pony, on October 30, 2015, February 19, 2016, and May 27, 2016.
- Submit Intramural Coordinator Evaluation (page 45) and record of intramural expenditures to Pablo Rosas-Hernandez, Carver Educational Services Center, Room 253, via email or pony, by May 27, 2016.

#### INTRAMURAL DIRECTOR

Intramural Directors shall:

- Become knowledgeable about program policies and procedures, and be familiar with emergency and safety procedures necessary to conduct events for which they are responsible.
- Be certified in CPR and the use of the AED.
- Be aware of the location of first aid supplies and possess a working knowledge of basic first aid and be able to handle emergency situations.
- Publicize activities and register participants.
- Work the required number of hours to fulfill his/her responsibilities
- Be present throughout the scheduled activity and supervise locker rooms both before and after activities.
- Develop and submit to the intramural coordinator an activity plan, rules of competition and tournament format, if used, for each activity.
- Train student officials, if used.
- Arrange to obtain equipment from the intramural coordinator in advance of the activity
- Ensure that equipment and facilities are properly used and secured at the end of the activity.
- Ensure that every student who attends has an opportunity to participate.
- Keep records of the attendance at each session and submit copy of records to the intramural coordinator at the conclusion of the activity.
- Obtain approval from the intramural coordinator for extramural contests.
- Submit the Intramural Director Activity Report (page 43) and intramural director daily attendance forms (page 41) to the intramural coordinator at the conclusion of the activity.

#### GENERAL STANDARDS AND PROCEDURES

The intramural/extramural program is an outgrowth of the physical education instructional program. Scheduling intramural activities in conjunction with the physical education instructional units helps ensure a successful program.

#### **COMMUNICABLE DISEASE PRECAUTIONS**

While the risk of one participant infecting another with HIV during competition is unlikely, there is a risk that other blood-borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Precautions for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

- Any participant who is bleeding will be removed from the activity until the bleeding is stopped and/or properly covered.
- Bloodied clothing must be changed before the participant may continue participating.
- Use of gloves or other precautions should be taken to prevent skin mucous-membrane exposure when in contact with blood or other body fluids.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing and appropriately disposing of gloves.
- Clean all blood-contaminated surfaces and equipment with a solution made of 1 part household bleach or other disinfectant to 10 parts water before competition resumes.
- Sponsors with bleeding or oozing skin conditions should refrain from all direct contact with students until the condition resolves.
- Contaminated towels should be disposed of properly.
- Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth-guards, and other articles containing body fluids.
- Refer to the Blood-borne Pathogens Exposure Control Plan for further procedures for glove use, hand washing, blood clean up, handling contaminated articles and first aid when blood is present.

#### STAPH INFECTIONS/METHICILLIN-RESISTANT STAPH AUREUS (MRSA)

Staph infections, in particular MRSA, are of considerable concern in intramurals because of a higher propensity for routine cuts, wounds and abrasions, and a higher degree of bodily contact among participants. Diligent attention to fundamental hygiene and appropriate care of wounds will significantly reduce the likelihood of contracting staph infections. Intramural Directors shall carefully review and distribute to participants all pertinent information distributed by the central office regarding staph infections and MRSA. Intramural Directors shall assist in implementing fundamental procedures against staph infections including emphasizing participants:

• Wash hands thoroughly and shower as soon as possible after intramural activities, using commonly found soap—liquid is preferred to prevent sharing of bar soap.

- Refrain from sharing personal items, including towels, jerseys, equipment, clothing, lotion, razors, bar soaps, etc.
- Clean equipment with disinfecting/germicidal wipes prior to and after participation.
- Diligently cleanse and properly cover cuts, wounds, and abrasions at all times.
- Report to the Intramural Director any skin lesions or other unusual markings or bumps that may signify an infection.

#### **DRUG POLICY**

Each school will institute a drug policy consistent with the philosophy of its administration and community. Alcoholic beverages and "look alike" are not permitted at any intramural activity. Tobacco in any form is not permitted. Coaches and team members will maintain a drug free environment.

#### **ELIGIBILITY**

All students must meet the following requirements to be eligible to participate:

- Be enrolled in Montgomery County Public Schools
- Pay the activity fee
- Meet academic standards, MCPS Policy IQD, Academic Eligibility for Extracurricular Activities, and Regulation IQD-RB, Academic Eligibility for Middle School Students Who Participate in Extracurricular Activities

Students who are enrolled in physical education must actively participate in class; otherwise, they cannot participate in intramurals on that day.

#### **EQUITY IN INTRAMURALS**

All participants regardless of ability, gender, or ethnicity must have equal access to the program, facilities, equipment, leadership roles, and playing time.

#### INTRAMURAL GUIDELINES AND PROCEDURES

#### **ATTIRE**

- Appropriate clothing and shoes are required for participation in the program.
- Pinnies or scrimmage vests should be used to designate teams.

#### **AWARDS**

- Schools are encouraged to establish an award/recognition system for intramurals, which is equitable throughout the program.
- The number and types of awards to be given should be developed by individual intramural coordinators, intramural directors, and in consultation with the local school administrators.
- Suggested awards include ribbons and certificates. <u>Funds from the intramural allocation</u> may not be used for awards.

#### **EQUIPMENT AND FACILITIES**

- Facilities, supplies, and equipment will be shared with the physical education department.
- Special supplies may be purchased using the MCPS allocation for intramurals.
- The intramural coordinator will coordinate the use of supplies, equipment, and facilities with the physical education resource teacher/department chairperson, athletic coordinator, and administrator.
- Intramural directors must make arrangements for supplies and equipment with the intramural coordinator in advance of their activity.
- Facilities must be left in an acceptable condition for the next activity.
- In consultation with the Athletic Coordinator indoor and outdoor athletic facilities may be scheduled for intramural use from 2:40–5:30 p.m. After 5:30 p.m. the facilities may be reserved by Community Use of Public Facilities (CUPF) for outside groups.

#### **EVALUATION**

- All aspects of the intramural program will be evaluated by the supervisor of Physical Education, local school administrators, intramural coordinators, intramural directors, and students. Sample forms begin on page 41.
- To evaluate your program use forms found on pages 43–46. It is suggested that students receive and complete evaluation questionnaires in a classroom setting to increase feedback.

#### **ORGANIZATION**

- It is recommended that a tournament or concluding event be held for each activity.
- Criteria that may be used as the basis to develop competitive schedules may include age, grade level, homeroom, random number, zodiac signs, etc.
- Single elimination tournaments should be discouraged unless meaningful alternative activities are provided for those eliminated.

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#### **OFFICIALS**

- When it is necessary for an activity to be officiated, students or the intramural director should serve in this capacity.
- When student officials are used, the intramural director will ensure that they are properly trained.

#### **PROGRAM**

- The intramural program is an outgrowth of the physical education instructional program. Scheduling intramural activities in conjunction with physical education instructional units contributes to a successful program.
- Intramurals should be held a <u>minimum</u> of two days a week, but preferably more.
- The program should include a variety of team, dual, and individual activities to meet the needs of all segments of the student population.

#### **PUBLICITY**

- Intramural directors are responsible for publicizing their activities.
- It is recommended that the intramural director conduct sign-ups at least one week prior to the activity.
- The intramural coordinator and intramural director should use Parent Teacher Student Association newsletters, school Web site and newspapers, bulletin boards, publicaddress (P.A.) announcements, posters, and monthly intramural calendars to advertise the program. Students should be used to assist with publicity.
- Intramural coordinators and directors may display pictures and publicize results.

#### **RULES FOR COMPETITION**

- Intramural directors will submit their activity plan, rules of competition, and tournament format, if applicable, to the intramural coordinator prior to the start of the activity.
- Court dimensions are printed in the <u>MCPS Secondary Physical Education Instructional</u> Guide.
- Intramural directors will post rules for tournament play.

#### **RULES FOR PARTICIPATION**

- The intramural coordinator will discuss with each intramural director the procedures for student attendance and participation.
- All local school rules apply to intramural participants.
- Sample Intramural/Extramural permission forms, page 55, are recommended. Physical examinations are not required.
- Students who are enrolled in physical education must actively participate in class to be eligible to participate in intramural activities on that day. Students who are medically excused are not eligible to participate in intramural activities.
- Students participating in "take your child to work day" are approved for participation in intramural and extramural practice or games if the absence is approved in advance.

#### **SAFETY**

- The prevention of injuries is an important consideration in the planning and execution of all activities.
- First aid supplies should be made available to all intramural directors.
- Intramural directors should give special attention to:
  - ♦ locker room supervision
  - number of students
  - condition of equipment
  - physical setting
  - ♦ student responsibility for following safety guidelines

#### WEATHER GUIDELINES AND PROCEDURES

#### WEATHER GUIDELINES FOR PHYSICAL EDUCATION INSTRUCTION

**Special Note:** IT IS THE RESPONSIBILITY OF THE PHYSICAL EDUCATION TEACHER TO OBTAIN AIR QUALITY COLOR CODES AND RESPOND ACCORDINGLY. CONSULT WITH THE HEALTH TECHNICIAN REGARDING STUDENTS WITH HEALTH CONCERNS IN HOT OR COLD WEATHER.

#### **HOT WEATHER**

| Temperature<br>Mid 70s – Low 80s° F | Air Quality Index<br>Code Green 0 – 50<br>Good Air Quality             | Activity<br>No restrictions  |
|-------------------------------------|--|--|
| Low 80s – Mid 80s° F                | Code yellow 51 – 100<br>Moderate Air Quality                           | Monitor students carefully and provide appropriate water breaks.                             |
| Mid 80s – Low 90s° F                | Code Orange 101 – 150<br>Unhealthy for Sensitive<br>Groups Air Quality | Monitor students carefully and provide frequent water breaks                                 |
| Low 90s° F and above                | Code Red 151 – 200<br>Unhealthy Air Quality                            | Outdoor physical activity not to exceed 60 minutes. Mandatory water breaks every 20 minutes. |
| Low 90s° F and above                | Code Purple 201 – 300<br>Very Unhealthy Air Quality                    | Avoid all outdoor physical activity.   |

### FOR FORECAST / COLOR CODES CALL 202-962-3299 OR LOG ON TO <a href="https://www.mwcog.org/environment/air/forecast">www.mwcog.org/environment/air/forecast</a>

Source: Metropolitan Washington Council of Governments and Montgomery County Government, Department of Environmental Protection

#### **COLD WEATHER**

It is recommended that students be advised in advance to wear appropriate clothing during periods of cold weather. The physical education teacher must use his/her discretion when deciding to conduct outdoor physical education instruction. However, the principal or designee has the final authority to restrict or permit outdoor physical education instruction based on temperature, wind chill, or other factors.

#### THUNDER AND LIGHTNING

When thunder and/or lightning occur during outdoor physical education instruction, instruction must be suspended immediately. Physical education teachers are to follow their school emergency plan for seeking shelter and/or expedient departure in case of thunder and/or lightning. In the event of thunder and/or lightning, allow 30 minutes to pass after the last thunder and/or lightning before resuming outdoor physical education instruction.

#### OTHER SEVERE INCLEMENT WEATHER

Severe inclement weather includes, but is not limited to, tornadoes and hurricanes. Please refer to the attached August 20, 2015 memorandum to principals and directors regarding severe weather safety procedures, hurricane safety information, and tornado safety information.

This e-mail message has been approved for distribution by Dr. Andrew M. Zuckerman, chief operating officer. No hard copy will be provided.

**ACTION REQUIRED** 

#### Office of the Chief Operating Officer MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland

August 20, 2015

#### **MEMORANDUM**

To: Principals and Directors

From: Andrew M. Zuckerman, Chief Operating Officer

Subject: ACTION—Severe Weather Safety Information

#### **Summary**

- The purpose of this memorandum is to provide information regarding severe weather safety. The following and attached information, obtained from the Federal Emergency Management Agency (FEMA) and the National Oceanic and Atmospheric Administration (NOAA), is provided for your review to ensure preparedness in the event of severe weather.
- Earthquakes and tornadoes can occur at any time of year; however, the peak activity period for tornadoes is March through early July, according to the National Weather Service. The Atlantic hurricane season is from June through November, with the peak season from mid-August to late October.
- Montgomery County Public Schools (MCPS) conducts an "all call" test via the emergency phones on Tuesday mornings. A test message is broadcast on NOAA weather radios on Wednesday mornings between 10:00 a.m. and 12:00 noon, unless postponed by a weather alert. In the event of approaching severe weather, MCPS will make every effort to provide a systemwide notification, and the weather service will broadcast an emergency message via the NOAA weather radio. Occasionally, however, the rapid arrival of a storm does not provide the opportunity to give ample advance notice.

#### Actions

- Please verify that your emergency phones and NOAA weather radios are operational and located in areas that are monitored constantly during the school day.
- It is imperative to conduct and evaluate weather-related emergency drills to ensure preparedness. At least one severe weather drill and one drop, cover, and hold drill (simulating an earthquake) must be conducted each school year by all MCPS schools and facilities.
- When information of severe weather is received, remain alert to worsening conditions by
  monitoring local television stations in order to observe the path of severe weather and take
  appropriate protective measures.

- Consider activating your on-site emergency team (OSET) to assist you in implementing a Severe Weather Shelter status to allow for greater control of school operations.
- Attachments 1-4 specifically address safety measures in the event of a tornado, hurricane, earthquake, or thunderstorm. Also attached are the Department of Transportation guidelines for school buses to follow in the event of a tornado warning or actual sighting of a tornado (Attachment 5). Please share this information, as appropriate, with students, staff members, and parents.

#### Questions

 Please contact the Department of School Safety and Security at 301-279-3066 or Mr. Peter Park, team leader, Systemwide Safety Programs, Department of Facilities Management, at 240-314-1070 or via e-mail.

AMZ:JS:pp

Attachments

#### Copy to:

Executive Staff
Mr. Garcia-Ablanque
Mr. Park
School Administrative Secretaries
Mrs. Cuttitta
Mr. Koutsos
Mr. Lloyd



## Systemwide Safety Programs Department of Facilities Management MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland

July 2015

#### **Hurricane Safety Information**

The following information was obtained from the Federal Emergency Management Agency (FEMA) and National Oceanic and Atmospheric Administration (NOAA) to be reviewed and implemented in the event of severe weather. The Atlantic hurricane season lasts from June to November, with the peak season from mid-August to late October. Administrators should share this information with students, staff, and parents as appropriate. Also, NOAA weather radios and emergency phones should be continuously monitored. Questions regarding this information may be directed to the Department of School Safety and Security at 301-279-3066 or Mr. Peter Park, team leader, Systemwide Safety Programs, Department of Facilities Management, at 240-314-1070.

#### **About Hurricanes**

A hurricane is a tropical storm with winds that have reached a constant speed of 74 miles per hour or higher. Hurricanes can cause catastrophic damage to coastlines and several hundred miles inland. Hurricanes are classified using the Saffir-Simpson Hurricane Wind Scale (1 through 6)—the higher the number, the stronger the winds. Hurricanes and tropical storms also can spawn tornadoes and microbursts, create surges along the coast, and cause extensive damage due to inland flooding from trapped water. Tornadoes most often occur in thunderstorms embedded in rain bands well away from the center of the hurricane; however, they also occur near the eye-wall.

#### Hurricane Watch vs. Hurricane Warning

It is important to know the difference between hurricane watches and warnings. A *hurricane watch* is an announcement that a hurricane could pose a possible threat to a specified coastal area within 36 hours. A watch is used to inform the public and marine interests of the storm's location, intensity, and movement. A *hurricane warning* is an announcement that sustained winds of 74 mph (64 knots) or higher associated with a hurricane are expected in a specified coastal area within 24 hours or less. A hurricane warning can remain in effect when dangerously high water or a combination of dangerously high water and exceptionally high waves continue, even though winds may be less than hurricane force. A warning also is used to inform the public and marine interests of the storm's location, intensity, and movement. The National Hurricane Center chooses a distance of approximately 300 miles.

#### Steps to Take to Ensure Preparedness in Case of a Severe Weather Alert

- 1. Start and run the emergency generator for a period of time to ensure that the appropriate transfer load occurs. Report any problems to the Maintenance depot.
- 2. Clean all roofs, gutters, and drains, and remove any debris that may clog the drains.
- 3. Remove and store all outside objects that may be blown away, e.g., trashcans.
- 4. Check all wet vacuums and cleaning equipment. Notify the plant operations supervisor if this equipment is not functioning.
- 5. Check the emergency kit and first aid kits regularly to ensure readiness of supplies.
- 6. Check all flashlights and portable radios and make sure the batteries are operational.
- 7. Ensure that the Nextel emergency phone is charged and programmed properly.
- 8. Ensure that the NOAA alert radio is operational and properly located for monitoring.
- 9. Review emergency/crisis plans with appropriate staff.
- 10. Be alert to weather updates and emergency announcements.

Make sure supplies in the kit are available—especially flashlights, AM/FM radio/flashlight combinations with extra batteries, and first aid kits, among other items. Ensure that the emergency kit cell phone is fully charged. Also, make sure that a 9-volt battery is in place in the NOAA alert radio to enable the radio to continue receiving weather alert messages in the event of a power failure.

Online hurricane fact sheets can be found on the FEMA website—www.ready.gov/hurricanes. Although this information is geared for private homes, some information is useful in the school environment. Additional sources of information about hurricanes and emergency preparedness are as follows:

FEMA: www.fema.gov NOAA: www.noaa.gov

Montgomery County: www.montgomerycountymd.gov



## Systemwide Safety Programs Department of Facilities Management MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland

July 2015

#### **Tornado Safety Information**

The following information was obtained from the Federal Emergency Management Agency (FEMA) and the National Oceanic and Atmospheric Administration (NOAA) to be reviewed and implemented in the event of severe weather. Tornadoes can occur at any time of year; however, according to the National Weather Service, the peak activity period is March through early July. Administrators should share this information with students, staff, and parents, as appropriate. Also, NOAA weather radios and emergency phones should be monitored continuously. Questions regarding this information may be directed to the Department of School Safety and Security at 301-279-3066 or Mr. Peter Park, team leader, Systemwide Safety Programs, Department of Facilities Management, at 240-314-1070.

#### Tornado Safety in Schools

- Be prepared to respond to a wide range of weather-related emergencies, such as severe thunderstorms, tornadoes, and winter storms. Designate internal spaces, such as interior hallways and classrooms as safe areas to go to in the event of a tornado.
- Basements offer the best protection. Schools without basements should use interior rooms and hallways on the lowest floor and away from windows. Rooms with wide spans of open space (cafeterias, gymnasiums, all purpose rooms) should not be used.
- Designate a staff person to monitor weather information from local radio and television stations and the school's NOAA weather radio.
- Check the emergency kit and first aid kits regularly to ensure readiness of supplies.
- If there is a power failure during a tornado or other weather-related emergency, schools equipped with a generator will maintain the fire alarm system, public address system, phones, and emergency lighting. Schools without generators should plan for alternative ways to communicate throughout the school (megaphone, runners, cell phones, etc.).
- Make specific provisions for students and staff with special needs.

- Initiate a Severe Weather Shelter and provide students and staff with directions via the public address system or e-mail during severe weather.
- Ensure student/staff accountability during all types of weather emergencies.

#### **About Tornadoes**

The average tornado moves from southwest to northeast and can produce whirling winds of tremendous speeds. Tornadoes are classified using the Fujita Scale between F-1 and F-5—the higher the number, the stronger the winds. Winds can exceed 300 miles per hour during an F-5 tornado. The updated Enhanced F—Scale (replacing the original Fujita Scale) is a more precise way to assess tornado damage. The scale ranges from 0 through 5 (EF Number)—the higher the number, the stronger the winds from the tornado. The enhanced F—scale still is a set of wind estimates (not measurements) based on damage. It uses three-second gusts estimated at the point of damage based on a judgment of eight levels of damage to 28 damage indicators. Thunderstorms often produce large hail, strong winds, and tornadoes.

#### Tornado Watch vs. Tornado Warning

It is important to know the difference between *tornado watches* and *warnings*. A *tornado watch* means that tornadoes are possible in the area and that you should remain alert for approaching storms. A *tornado warning* means a tornado has been sighted or indicated by weather radar. If a tornado warning is issued for the area and the sky appears threatening, move to a pre-designated place of safety and follow the "Tornado Safety in Schools" information listed on page 1 of this document.

#### **Tornado Danger Signs**

Occasionally, tornadoes develop so rapidly that advance warning is not possible.

- Look out for
  - o dark, often greenish sky
- wall cloud

o large hail

o loud roar, similar to a freight train

- Caution
  - o Some tornadoes are clearly visible.
  - o Some tornadoes may be obscured by rain or nearby low-hanging clouds.
  - o Before a tornado hits, the wind may die down and the air may become very still.
  - o A cloud of debris can mark the location of a tornado, even if a funnel is not visible.
  - o Tornadoes generally occur near the trailing edge of a thunderstorm.
  - o It is not uncommon to see clear, sunlit skies behind a tornado.

#### **Immediate Response**

If a tornado warning is issued or threatening weather approaches, immediately seek safety.

- Quickly move students, staff, and visitors from relocatable/portable classrooms and outside activities to the main building.
- When practical, go to the basement or an inside hallway at the lowest level.
- Avoid places with wide-span roofs, such as auditoriums, cafeterias, or large hallways.
- Get under a piece of sturdy furniture, such as a workbench or heavy table or desk and hold on to it.
- If the tornado warning is issued during school arrival or dismissal times, initiate a Severe Weather Shelter procedure and hold students and staff in the interior hallways of the main building until it is safe to release them.
- The National Weather Service has recommended that in the event of an actual tornado, students should be instructed to assume the tornado protection position; i.e., on the floor in a tucked position with hands folded behind head. Use arms to protect head and neck.
- Stay away from windows. Do not open the windows.
- Consideration should be given to delay lunches or assemblies in large rooms; i.e., gymnasium, cafeteria, and auditorium, when warnings are issued.
- If caught outside or in a vehicle with no safe place to go, the National Weather Service recommends lying flat in a nearby ditch or depression. Be aware of the potential for flooding.

Additional information about tornado safety can be found at the FEMA website http://www.ready.gov/tornadoes. Also attached is a NOAA tornado safety in schools guide sheet discussing good shelter locations and a protective tuck position.

#### ...Nature's Most Violent Storms



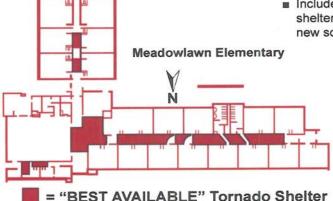
American Red Cross

Hospitals, nursing homes, and other institutions should develop similar severe weather safety plans.

#### **Tornado Safety in Schools**

#### Every School Should Have a Plan

- Develop a severe weather safety plan that ensures everyone will take cover within 60 seconds. Conduct frequent tornado drills. Include provisions for all after-hours, school-related activities.
- Every school should be inspected and tornado shelter areas designated by a registered engineer or architect. Rooms with exterior walls should never be used as tornado shelters.
- Basements offer the best protection. Schools without basements should use interior rooms and hallways on the lowest floor, away from windows.
- Delay lunches or assemblies in large rooms if severe weather is anticipated. Rooms with large roof spans (e.g., gymnasiums, cafeterias, and auditoriums) offer little or no protection from tornado-strength winds.
- Ensure students and staff know the protective position (shown below). Everyone should sit facing an interior wall, elbows to knees, and with hands over the back of their heads.
- Each school should have a NOAA Weather Radio with battery backup. Remember, the NWS issues a Tornado Watch when conditions are favorable for tornado development and a Tornado Warning when a tornado has been spotted or indicated by radar.
- If the school's alarm system relies on electricity, have an alternative method to notify teachers and students in case of power failure.
- Make special provisions for faculty and students with disabilities, those in portable classrooms, and those outdoors. They should be notified first of approaching severe weather.
- Keep children at school beyond regular hours during a Tornado Warning. School bus drivers should identify protective areas along each part of their route where they and their passengers can take cover if overtaken by a tornado or high winds.
- Include properly designed tornado shelters when planning additions or new school buildings.







## Systemwide Safety Programs Department of Facilities Management MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland

July 2015

#### **Earthquake Safety Information**

The following information was obtained from the Federal Emergency Management Agency (FEMA) to be reviewed and implemented in the event of severe weather. Administrators should share this information with students, staff, and parents, as appropriate. Also, NOAA weather radios and emergency phones should be monitored continuously. Questions regarding this information may be directed to the Department of School Safety and Security at 301-279-3066 or Mr. Peter Park, team leader, Systemwide Safety Programs, Department of Facilities Management, at 240-314-1070.

#### **About Earthquakes**

An earthquake is ground shaking caused by a sudden movement of rock in the earth's crust. Such movements occur along faults, which are thin zones of crushed rock separating blocks of crust. When one block suddenly slips and moves relative to the other along a fault, the energy released creates vibrations called seismic waves that radiate up through the crust to the earth's surface, causing the ground to shake. Earthquakes can last a few seconds or several minutes, and they can occur at any time of the day or night and at any time of the year.

#### Immediate Response - Drop, Cover, and Hold!

#### If you are inside a building when an earthquake occurs:

- Stay where you are until the shaking stops. Do not run outside. Do not get in a doorway
  as this does not provide protection from falling or flying objects, and you may not be able
  to remain standing.
- Drop down to the floor onto your hands and knees so the earthquake doesn't knock you down.
- Cover your head and neck with your arms to protect yourself from falling debris. If you
  are in danger from falling objects, and you can move safely, crawl for additional cover
  under a sturdy desk or table.
- If there is low furniture or an interior wall or corner nearby, and the path is clear, these
  can also provide additional cover.

1 of 2

- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as light fixtures or furniture.
- Hold on to any sturdy covering so you can move with it until the shaking stops. Stay where you are until the shaking stops.

#### If getting safely to the floor to take cover won't be possible:

• Identify an inside corner of the room away from windows and objects that could fall on you. The Earthquake Country Alliance advises getting as low as possible to the floor. People who use wheelchairs or other mobility devices should lock their wheels and remain seated until the shaking stops. Protect your head and neck with your arms, a pillow, a book, or whatever is available.

#### If you are outside when you feel the shaking:

 Move away from buildings, streetlights, utility wires, and anything else that could fall over and cause injury. Once in the open, "Drop, Cover, and Hold." Stay there until the shaking stops.

#### If you are in a moving vehicle when you feel the shaking:

If you are in a moving vehicle, stop as quickly and safely as possible and stay in the
vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that
the earthquake may have damaged.

After the shaking stops, evaluate your surroundings for potential hazards.

- If there is a clear path to safety, leave the building and go to an open space away from damaged areas.
- If you are trapped, do not move about or kick up dust.
- If you have a cell phone with you, use it to call or text for help.
- Tap on a pipe or wall or use a whistle, if you have one, so that rescuers can locate you.
- Once safe, monitor local news reports via battery operated radio, TV, social media, and cell phone text alerts for emergency information and instructions.
- Be prepared to "Drop, Cover, and Hold" in the likely event of aftershocks.

Additional information about earthquake safety can be found at the FEMA website http://www.ready.gov/earthquakes.

#### MONTGOMERY COUNTY PUBLIC SCHOOLS



#### Department of Transportation Tornado Warning Procedures for Buses

#### 1. Tornado Warning

A tornado warning means that a tornado has been sighted or reported by weather radar in the area covered by the warning. In the event a tornado warning is issued by the National Weather Service, school bus operations will follow the procedures listed below:

#### 2. Morning pickup procedures

- a. If a tornado is sighted by an individual school bus operator, the school bus operator will cease picking up students and immediately seek appropriate shelter for all passengers at the nearest school or other substantial building. School bus operators and school bus attendants will follow Severe Weather Shelter procedures by school administration and seek shelter inside the school immediately.
- b. In the absence of a tornado sighting, the school bus operator will continue to pick up all students for the trip, proceed to the school, cease all remaining operations, and follow the instructions of the dispatcher. School bus operators and school bus attendants will follow Severe Weather Shelter procedures by school administration and seek shelter inside the school immediately.
- Upon expiration of the tornado warning, transportation operations will resume although late—without change to pick-up sequence.

#### 3. Afternoon drop-off procedures

- a. If a tornado is sighted by an individual school bus operator, the school bus operator will cease discharging students and immediately seek appropriate shelter for all passengers at the nearest school or other substantial building. School bus operators and school bus attendants will follow Severe Weather Shelter procedures by school administration and seek shelter inside the school immediately.
- b. In the absence of a tornado sighting, the school bus operator will continue to drop off all students for the trip and proceed to the next school. Upon arrival at the school, all transportation operations will cease; and the school bus operator will follow the instructions of the dispatcher. School bus operators and school bus attendants will follow Severe Weather Shelter procedures by school administration and seek shelter inside the school immediately.
- c. If the school administrator and/or school bus driver receives information that a tornado warning is in effect at the school site (Severe Weather Shelter), prior to departure, the school bus operator is to cease transportation operations and remain at the school until the warning has expired. Follow instructions of school administration until school Severe Weather Shelter has been terminated.
- d. Upon expiration of the tornado warning, transportation operations will resume although late—without change to drop off sequence.

#### **SUGGESTED ACTIVITIES**

A list of suggested activities that may be incorporated into a middle school intramural program is included. The rules for most of these activities are published by the National Federation of State High School Associations, 11724 Plaza Circle, and P.O. BOX 20626, KANSAS CITY, MO 64195, www.NFHS.org. Some of the individual activities may be included as team activities. Because this list is not all-inclusive, refer to the MCPS Secondary Physical Education Instructional Guide for other suggestions.

| TEAM                | INDIVIDUAL PARTNER      | SPECIAL EVENTS         |
|---------------------|-------------------------|------------------------|
| Basketball          | Aerobics                | Board Games            |
| Bocce*              | Archery                 | Cheerleading           |
| Field Hockey        | Badminton               | Dance-Dance Revolution |
| Flag Football       | Bowling                 | Cross Country          |
| Floor/Street Hockey | Dance                   | Double-Dutch           |
| Frisbee Games       | Fencing                 | Ice Skating            |
| Lacrosse            | Fitness                 | Juggling               |
| Soccer              | Golf                    | Pompons                |
| Softball            | Gymnastics              | Recreational Games     |
| Speedball           | Horseshoes              | Roller Skating         |
| Team Handball*      | Pickleball              | Ropes and Initiatives  |
|                     | Racquet and Paddle Ball | Scooter Game           |
|                     | Table Tennis            | Step Group             |
|                     | Track and Field         | Superstars             |
|                     | Weight Training         | Swimming               |
|                     | Wrestling               |                        |
|                     | Volleyball              |                        |

<sup>\*</sup>Bocce and Team Handball (as well as other sports) can be a Unified Sport that teams disabled students with non-disabled students.

Participation in an activity can occur in a variety of ways. It is up to the intramural staff to implement ideas created by students and others. Established activities or methods of conducting an activity can be a springboard to new methods, activities, and programs.

#### **SUGGESTED PARTICIPATION STRATEGIES**

| Archery                  | Fitness                                     | Soccer and Speedball                    |
|--------------------------|---|---|
| Balloon shoot            | Team competition                            | <ul> <li>Modified team games</li> </ul> |
| Tic-Tac-Toe              | <ul> <li>Individual goal setting</li> </ul> | Two ball                                |
| Archery golf             | Five person team                            | Four goal                               |
| Clout shooting           | Run for fun                                 | Penalty kick contest                    |
| Target field             | Girls on the Run ®                          | Softball                                |
| Aerobics                 | Fitnessgram                                 | <ul> <li>Tournaments</li> </ul>         |
| Circuit                  | Flag Football                               | Hot box                                 |
| Taped workout            | NFL Pass, Punt, Kick®                       | Reverse base running                    |
| Creative routine         | Tournament                                  | Tee ball                                |
| Follow the leader        | Floor/Street Hockey                         | • 500                                   |
| Badminton                | • 2-on-2                                    | Speed up                                |
| Singles                  | Goal shooting                               | Team Handball                           |
| • Doubles                | Frisbee Games                               | Shooting contests                       |
| Basketball               | Golf  | Half-court play                         |
| One-on-one               | Basketball                                  | Table Tennis/Tennis                     |
| Half-court games with    | Ultimate                                    | • Singles                               |
| modified rules           | Capture                                     | Doubles                                 |
| Shoot around             | Golf  | Serving contests                        |
| Around the world         | Closest to pin                              | Bounce contests                         |
| Pick up w/modified rules | Putt-putt                                   | Rebounding contests                     |
| Circuit training         | Driving range                               | Track and field                         |
| Cross Country            | Match or medal play                         | Relay meet                              |
| Intra-meet               | Chop into basket                            | Individual contests                     |
| Steeplechase             | Gymnastics                                  | Intra-meet                              |
| Relays                   | Individual skill contest                    | Decathlon                               |
| Run across the nation    | Intra-meet                                  | Volleyball                              |
| Dance                    | Horseshoes                                  | • Doubles                               |
| Modern                   | Ringer contest                              | Bounce                                  |
| Creative                 | Horseshoe golf                              | Elimination                             |
| Square                   | Lacrosse                                    | Four net                                |
| • Jazz                   | Goal shooting                               | Seated volleyball                       |
| Hip hop                  | Scoop up and throw                          | Cage ball                               |
| Field Hockey             | Cradle contest                              | Mini volleyball                         |
| Half field               | Racquet- Paddle- ball                       | Circuit Training                        |
| Goal shooting            | • 1, 3, and 4 wall play                     | No competition                          |
| Tournaments              | Serving contest                             | Wrestling                               |
| Indoor hockey            |   | Individual matches                      |
|                          |   | Skill work                              |

#### SUGGESTED METHODS OF ORGANIZATION

#### **CHEERLEADERS/POMPONS/STEP GROUP**

Participants in cheerleading, pompon, or step group intramurals may be permitted to perform at halftime during one boy's and one girl's basketball game.

Cheerleader/pompon/step groups may only be attired in a school tee shirt and physical education type shorts. Uniforms are not to be worn by these groups. Uniforms are not to be purchased by the school with any school funds, and uniforms are not to be purchased by students.

#### **DROP-IN**

Students may attend one or more sessions. There are no sign-ups, no permanent teams, and no won/loss records are kept. Participation is informal and includes different groupings of students at each session.

#### **ONE DAY EVENTS**

Students attend an activity that is completed in one day. Directors select a tournament format and time structure that permits completion in one session. Teams, if needed, are formed as students arrive at the event or by sign-ups in advance.

#### **TOURNAMENTS**

Students are expected to attend all sessions. Activities, which are selected for tournaments, should appeal to a diverse student population. Teams for tournaments can be developed by:

- Students forming teams in advance and submitting them to the intramural director
- Students and the intramural director forming teams at the first meeting
- Students signing up as individuals, and the intramural director placing them on teams by homeroom, grade, etc.

#### SUGGESTED SPECIAL ACTIVITIES

#### **COMMUNITY ACTIVITY**

Schools can plan an evening or afternoon when students, staff, and families participate together in bowling, roller skating, miniature golf, etc.

#### **DISABILITY AWARENESS NIGHT**

Planning a disability awareness night can be a rewarding experience for your school community. Activities presented provide opportunities for participants to experience life with a disability. This night can help students learn to empathize with classmates and community members with a disability.

#### **EXTRAMURAL ACTIVITIES**

Extramural activities are an outgrowth of the intramural program. Students participate in informal contests with students of other Montgomery County Public Schools. These activities are optional and must be approved by the principal.

#### **FAMILY FUN NIGHT**

Schools can plan an evening in which a variety of activities can be available for students, families, and staff to enjoy together.

#### INTRAMURAL AWARDS PARTY

At the conclusion of an activity, intramural directors may plan a culminating event for participants and, if desired, their families. Awards may be presented at this time. Funds from the intramural allocation may not be used for awards and parties.

#### **PTA DEMONSTRATIONS**

Groups of students may be used to perform at PTA meetings in activities such as gymnastics, pompons, dance, jump rope, etc.

#### **RUN FOR FUN**

A cross country-type run that is held at a regularly scheduled time. Participation is open to students and staff.

#### SPECTATOR SPORT

Students can be invited to attend a high school athletic event with staff members and families.

#### **SUPERSTARS**

An activity including a combination of events in which the participant must compete. Scores from each event are added to produce the final results. Events, which may be included, are IOO yard dash, broad jump, golf shot, obstacle course, etc.

#### **EXAMPLES OF SPECIFIC TYPES OF COMPETITION**

#### **ROUND ROBIN TOURNAMENT**

The round robin tournament provides more competition than any other form of tournament. It also takes longer to run; and if larger numbers are involved, more facilities are required. The round robin tournament is simple to draw by the rotation method. Examples of tournament organization for both even and odd numbers of teams follow:

#### Even Number Team League

| 1 <sup>st</sup> Round | 2 <sup>nd</sup> Round | 3 <sup>rd</sup> Round | 4 <sup>th</sup> Round | 5 <sup>th</sup> Round |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1-6                   | 1-2                   | 1-3                   | 1-4                   | 1-5                   |
| 2-5                   | 3-6                   | 4-2                   | 5-3                   | 6-4                   |
| 3-4                   | 4-5                   | 5-6                   | 6-2                   | 2-3                   |

For an even number of teams, hold one team in a constant position throughout, and the other numbers revolve about it until the original combination is reached. The number of rounds necessary to complete the tournament equals the number of teams minus one.

#### Odd Number Team League

| 1 <sup>st</sup> Round | 2 <sup>nd</sup> Round | 3 <sup>rd</sup> Round | 4 <sup>th</sup> Round | 5 <sup>th</sup> Round |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Bye-5                 | Bye-1                 | Bye-2                 | Bye-3                 | Bye-4                 |
| 1-4                   | 2-5                   | 3-1                   | 4-2                   | 5-3                   |
| 2-3                   | 3-4                   | 4-5                   | 5-1                   | 1-2                   |

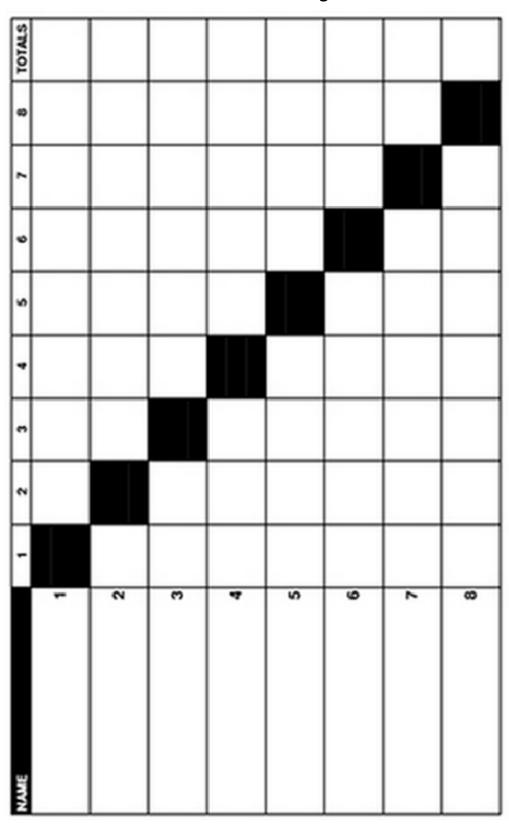
For an odd number of teams, it is necessary to give one open date (Bye). In this event, hold the open date constant and rotate the positions of the teams. Each team will receive one open date.

Schedules for tournaments ranging from seven to 12 teams or competitors can be found on page 30.

#### ROUND ROBIN TOURNAMENT SCHEDULE

| Facility | Schedule for Seven Teams or Individuals |       |       |             |                   |         |          |           |       |      |      |    |      |
|----------|---|-------|-------|-------------|-------------------|---------|----------|-----------|-------|------|------|----|------|
| Α        |   |       | 1-6   | 4-          | -2                | 2-7     | 5-3      | 3-        | 1 6   | -4 7 | 7-5  |    |      |
| В        |   |       | 2-5   | 5-          | -1                | 3-6     | 6-2      | 2 4-      | 7 7   | -3 1 | L-4  |    |      |
| С        |   |       | 3-4   | 6-          | -7                | 4-5     | 7-1      | . 5-      | 6 1   | -2 2 | 2-3  |    |      |
|          |   |       | Sche  | edule for E | ight T            | eams o  | r Ind    | lividuals | 5     |      |      |    |      |
| Α        |   |       | 5-6   | 3-4         | 7-8               | 7-      | 5        | 1-3       | 3-6   | 8-2  |      |    |      |
| В        |   |       | 3-8   | 1-7         | 6-2               | 6-3     | 1        | 4-2       | 4-5   | 7-3  |      |    |      |
| С        |   |       | 4-7   | 8-6         | 4-1               |         |          | 5-8       | 2-7   | 1-5  |      |    |      |
| D        |   |       | 2-1   | 2-5         | 5-3               | 8-4     | 4        | 6-7       | 8-1   | 6-4  |      |    |      |
|          |   |       | Sche  | edule for I | Nine T            | eams o  | r Ind    | ividuals  |       |      |      |    |      |
| Α        |   | 1-8   | 5-3   | 2-9         | 6-4               | 3-:     | 1        | 7-5       | 4-2   | 8-6  | 9-7  |    |      |
| В        |   | 2-7   | 6-2   | 3-8         | 7-3               | 4-9     | 9        | 8-4       | 5-1   | 9-5  | 1-6  |    |      |
| С        |   | 3-6   | 7-1   | 4-7         | 8-2               | 5-8     | 8        | 9-3       | 6-9   | 1-4  | 2-5  |    |      |
| D        |   | 4-5   | 8-9   | 5-6         | 9-1               | 6-      | 7        | 1-2       | 7-8   | 2-3  | 3-4  |    |      |
|          |   |       | Sch   | edule for   | Ten Te            | eams oi | · Indi   | viduals   |       |      |      |    |      |
| Α        |   | 2-1   | 10-4  | 6-9         | 10-               | 6 5-3   | 3        | 1-9       | 7-3   | 5-6  | 8-4  |    |      |
| В        |   | 5-8   | 1-7   | 7-8         | 2-5               | 6-2     | 2        | 10-8      | 6-4   | 1-10 | 9-3  |    |      |
| С        |   | 4-9   | 8-6   | 3-1         | 3-4               | 7-:     | 10       | 2-7       | 5-1   | 2-9  | 6-1  |    |      |
| D        |   | 3-10  | 9-5   | 4-2         | 1-8               | 8-9     | 9        | 3-6       | 8-2   | 4-7  | 7-5  |    |      |
| E        |   | 6-7   | 2-3   | 5-10        | 9-7               | 4-1     | 1        | 4-5       | 9-10  | 3-8  | 10-2 | 2  |      |
|          |   |       | Sche  | dule for El | even <sup>-</sup> | Teams   | or Ind   | dividual  | s     |      |      |    |      |
| Α        | 1-10                                    | 6-4   | 2-11  | 7-5         | 3-1               | 8-0     | 6        | 4-2       | 9-7   | 5-3  | 10-8 | 3  | 11-9 |
| В        | 2-9                                     | 7-3   | 3-10  |             | 4-1               |         |          | 5-1       | 10-6  | 6-2  | 11-  |    | 1-8  |
| С        | 3-8                                     | 8-2   | 4-9   | 9-3         | 5-10              | 0 10    | -4       | 6-11      | 11-5  | 7-1  | 1-6  |    | 2-7  |
| D        | 4-7                                     | 9-1   | 5-8   | 10-2        | 6-9               | 11      | -3       | 7-10      | 1-4   | 8-11 | 2-5  |    | 3-6  |
| E        | 5-6                                     | 10-11 | 6-7   | 11-1        | 7-8               | 1-2     | 2        | 8-9       | 2-3   | 9-10 | 3-4  |    | 4-5  |
|          |   |       | Sched | dule for Tv | welve             | Teams   | or In    | dividua   | ls    |      |      |    |      |
| Α        | 6-9                                     | 11-3  | 5-8   | 10-11       | 12-8              | 3 4-2   | <u> </u> | 8-1       | 9-3   | 4-7  | 7-   | 12 | 1-9  |
| В        | 3-12                                    | 10-4  | 2-11  | 9-12        | 4-5               | 5-1     | 2        | 9-7       | 6-1   | 3-8  | 6-   | 2  | 10-8 |
| С        | 4-11                                    | 8-6   | 12-1  | 8-2         | 3-6               | 7-1     | 10       | 10-6      | 7-5   | 1-11 | . 9- | 10 | 2-5  |
| D        | 5-10                                    | 9-5   | 6-7   | 1-5         | 2-7               |         | 1        | 2-3       | 8-4   | 12-1 |      | ·1 | 3-4  |
| E        | 2-1                                     | 1-7   | 3-10  | 6-4         | 10-1              |         |          | 12-4      | 11-12 |      |      | -3 | 11-7 |
| F        | 7-8                                     | 12-2  | 4-9   | 7-3         | 11-9              | 9 1-3   | 3        | 11-5      | 10-2  | 5-6  | 8-   | 11 | 12-6 |
|          |   |       |       |             |                   |         |          |           |       |      |      |    |      |

#### **Round Robin Recording Sheet**

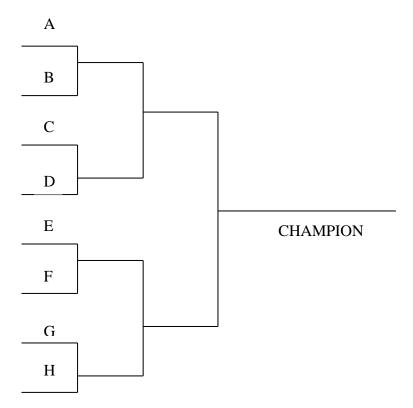


#### SINGLE ELIMINATION TOURNAMENT

In a single-elimination tournament, teams or individuals continue to play as long as they win. It is essential that the elimination tournament chart be drawn to include space in the first round matches for a number of teams, which is a power of two. For example: 4, 8, 16, 32, etc. If the number of teams entering the tournament is not a power of two, the next higher power of two must be determined and bracket space provided for this next higher power of two. Byes are then used to fill in the empty lines.

For example: If 12 teams are entered in the tournament, extra spaces must be added in the first round because 12 is not a power of two. Therefore, the first round of the tournament must provide for 16 teams. Four of the 12 teams must have a Bye in the 1st round. The formula for determining the necessary number of Byes is: The number of teams entered subtracted form the next higher power of two. Twelve teams subtracted from 16 equal 4 Byes. Unless care is taken to provide bracket space in the first round for a number of teams which is a power of two, it will be impossible to draw up a symmetrical chart; and there will come a time in the playoffs when some team advances to a round only to find no opponent.

Note: Widespread use of single elimination tournaments is not recommended unless meaningful alternative activities are provided for those eliminated.



Note: there are many websites that will assist in making brackets and tournaments. <a href="https://www.teamopolis.com/tools/round-robin-generator.aspx">www.teamopolis.com/tools/round-robin-generator.aspx</a> <a href="https://www.printyourbrackets.com">www.printyourbrackets.com</a>

#### **DOUBLE ELIMINATION TOURNAMENT**

As the name implies, this type may be used when it is desirable to give the players a second chance and thus more opportunity to compete. The participant is not eliminated upon the first loss but is automatically placed in the "consolation bracket' where play continues until defeated a second time. If the winner of the consolation bracket defeats the winner of the winners bracket, these two individuals or teams continue to play for the championship which is determined when one team or individual will have lost a total of two games during the tournament.

#### winners bracket #5 #6 #14 losers bracket G loser of #11 loser of #6 winner #9 loser of #1 #13 loser of #2 loser of #14 #12 if first loss loser of #5 #10 loser of #3 loser of #4

www.PrintableTournamentBrackets.net

#### LADDER TOURNAMENTS

In a ladder tournament, players may draw (or be assigned) original positions on a ladder. Players may then challenge any person one or more positions above them. The maximum number of positions is decided by either the intramural director or the group. If the player on the lower rung wins, he/she changes place with the defeated opponent. Definite time limits should regulate the duration of the tournament. A ladder tournament for seven players/teams would be set up as follows:

| 1. |  |
|----|--|
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |

#### **OLYMPIC-TYPE EVENTS**

Olympic-type competition is used in track meets, swimming meets, and gymnastics events. Individuals of a team compete against each other in heats, which reduce the entrants to a sufficiently small number for the final heat. The resulting accumulated points scored constitute the total team score.

#### INDIVIDUAL AND TEAM STANDINGS

Team's record information may be acquired from the game-to-game schedule or from daily scorecards. This information can then be figured on the percentage basis or on a point system. The results of the individual and team standings should be posted on a bulletin board or at designated areas.

#### Example of Possible Systems

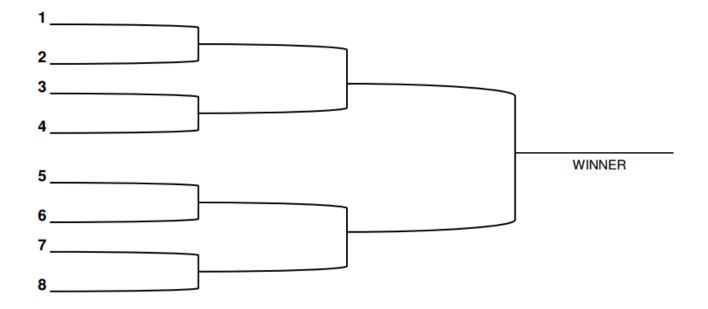
| League: | Activity: | Grade: 6, 7, 8 |
|---------|-----------|----------------|
|         |           |                |

| Team    | Won | Lost | Forfeits | Ties | Total |
|---------|-----|------|----------|------|-------|
| Wizards | 5   | 1    | 0        | 0    | 10    |
| Bucks   | 4   | 2    | 0        | 0    | 8     |
| Knicks  | 3   | 3    | 0        | 0    | 6     |
| Pistons | 2   | 3    | 1        | 0    | 3     |
| Lakers  | 1   | 3    | 2        | 0    | 0     |

Two points for win, one point for a tie, zero for a loss, minus one for a forfeit. Percentage system wins divided by games played. Similar systems may be worked out for individual competitive activity.

### **OFFICIAL DRAW SHEET-SINGLE ELIMINATION**

## 8-team single elimination



www.PrintableTournamentBrackets.net

### **EXTRAMURAL GUIDELINES AND PROCEDURES**

Extramural activities are an outgrowth of the intramural program. Students participate in informal contests with students of other Montgomery County Public Schools. These activities are optional and must be approved by the principal.

### ATTIRE

- The approved MCPS reversible mesh jersey (obtain from the athletic coordinator) or physical education T-shirt may be used.
- Consider the use of pinnies or scrimmage vests to identify teams.

### FIRST AID AND SAFETY

- Each school should have a first aid kit at all extramural activities. In addition to first aid supplies, the kit should contain emergency phone numbers.
- A medical card (<u>MCPS Form 560-30</u>, page 52) for each participant must be taken to each extramural activity. It must accompany the student to the doctor or hospital when medical attention is required.
- Each intramural director is responsible for reporting accidents on the Student Accident Form (MCPS Form 525-2, page 53) Student Accident Report and submitting it to the school nurse.
- Intramural directors must notify the intramural coordinator when a student is taken to the hospital. The intramural coordinator should notify the school principal and if the injury is serious, the supervisor of Health and Physical Education.

### **OFFICIALS**

- It is recommended that, whenever possible, intramural directors serve as officials for extramural contests.
- Middle school student referees may not be used.
- High school students may be used as officials for extramural contests.
- Paid officials may only be scheduled by the intramural coordinator with the approval of the principal.

### **PARTICIPATION**

- Participants must complete an intramural/extramural permission form (page 55),
   Transportation Form (MCPS Form 560-31, page 56), and an individual Medical Card (MCPS Form 560-30, page 52) for away events.
- Participants should be encouraged to have medical insurance.
- Contests, teams and/or leagues should be heterogeneously grouped by skill. No "all star" teams may be selected.
- Students must participate in the intramural portion of the activity to be eligible for participation in the extramural competition.
- A student can participate in no more than two extramural events per sport.

### **PLANNING**

- Intramural coordinators must obtain the approval of the principal before scheduling extramural contests.
- The use of all facilities must be coordinated by the intramural coordinator in consultation with the school administrator and athletic coordinator.
- The schools involved will determine the conditions and rules under which the games will be played.

# **Appendix**

## Year-long Proposed Schedule of Shared Facilities

|                      |   | Morning                        |   | Interscholastic Sports   | Afternoon  |  |  |  |  |
|----------------------|---|--------------------------------|---|--|--|--|--|--|--|
| Month                | Tuesday   | Wednesday                      | Thursday  | (afternoon)  | Tuesday  | Wednesday  | Thursday   |  |  |
| September<br>October | Drop in B-Ball<br>Ping Pong<br>Tennis                             | Indoor Soccer<br>Tennis Ladder | Drop in B-Ball<br>Ping Pong<br>Tennis                             | Boys' and Girls' Softball<br>Boy's and Girls' Cross Country<br>(begins 1 <sup>st</sup> week of September<br>and ends last week of October) | BB Shootout Soccer Flag Football Tennis Team Handball*         | Soccer<br>Flag Football<br>Tennis<br>BB Shootout<br>Team Handball* | BB Shootout Soccer Flag Football Tennis Team Handball*         |  |  |
| November             | Basketball ½ gym<br>Pickle Ball ½ gym                             | Indoor Soccer<br>Ping Pong     | Basketball ½<br>Gym<br>Pickle Ball ½ Gym<br>Ping Pong             | Boys' and Girls' Baskeball<br>(starts mid-November)  | BB Shootout<br>Soccer<br>St. Hockey<br>Lacrosse                | BB Shootout<br>Lacrosse<br>St. Hockey<br>Soccer                    | BB Shootout<br>Soccer<br>St. Hockey<br>Lacrosse                |  |  |
| December             | ½ Court B-Ball<br>Challenge Games<br>Fitness Club<br>Wt. Training | Ping Pong<br>Challenge Ladder  | ½ Court B-Ball<br>Challenge Games<br>Fitness Club<br>Wt. Training | Boys' and Girls' Baskeball   | Gymnastics Floor Hockey Ping Pong Pompons Cheerleading         | Gymnastics<br>Floor Hockey<br>Ping Pong<br>Pompons<br>Cheerleading | Gymnastics Floor Hockey Ping Pong Pompons Cheerleading         |  |  |
| January              | Rec. Gym<br>B-Ball<br>Ping Pong<br>Fitness Club                   | Full Court B-Ball              | Rec. Gym<br>B-Ball<br>Ping Pong<br>Fitness Club                   | Boys' and Girls' Baskeball   | Wt. Training Wrestling Pompons Cheerleading Step               | Wt. Training Wrestling Pompons Cheerleading Step                   | Wt. Training Wrestling Pompons Cheerleading Step               |  |  |
| February             | Rec. Gym<br>B-Ball<br>Ping Pong                                   | Floor Hockey<br>Ping Pong      | Rec. Gym<br>B-Ball<br>Ping Pong                                   | Boys' and Girls' Baskeball<br>(finishes mid-February)  | Wt. Training Aerobics Rope Jumping                             | Wt. Training Aerobics Rope Jumping                                 | Wt. Training Aerobics Rope Jumping                             |  |  |
| March                | Badminton<br>Floor Hockey   | Drop in B-Ball<br>Ping Pong    | Badminton<br>Floor Hockey   | Boys' and Girls' Soccer<br>(starts 1 <sup>st</sup> week of March)  | Wt. Training Volleyball Track Challenge Bocce*                 | Wt. Training Volleyball Track Challenge Bocce*                     | Wt. Training Volleyball Track Challenge Bocce*                 |  |  |
| April                | Rec. Gym<br>Student Favorites                                     | Rec. Gym<br>Student Favorites  | Rec. Gym<br>Student Favorites                                     | Boys' and Girls' Soccer  | Track Challenge Field/Floor Hockey Badminton Outdoor BB Bocce* | Track Challenge Field/Floor Hockey Badminton Outdoor BB Bocce*     | Track Challenge Field/Floor Hockey Badminton Outdoor BB Bocce* |  |  |
| May                  | Rec. Gym<br>Tennis  | Rec. Gym<br>Tennis             | Rec. Gym<br>Tennis  | Boys' and Girls' Soccer<br>(ends mid-May)  | Softball<br>Archery<br>Outdoor BB<br>Tennis                    | Softball<br>Archery<br>Outdoor BB<br>Tennis                        | Softball<br>Archery<br>Outdoor BB<br>Tennis                    |  |  |

## PROPOSED USE OF SPACE FOR INTRAMURAL PROGRAM

| Space                                 | Activity                              |
|---------------------------------------|---------------------------------------|
| Gymnasium                             | Badminton, Baskeball, Dance, Indoor   |
|                                       | Soccer, Pickle Ball, Team Handball*,  |
|                                       | Tchoukball, Volleyball                |
| Tennis Courts                         | Bocce*, Pickleball, Street Hockey,    |
|                                       | Tennis                                |
| Fields                                | Bocce*, Cricket, Flag Football, Field |
|                                       | Hockey, Kickball, Lacrosse, Soccer,   |
|                                       | Softball, Tchoukball                  |
| Auxiliary Gym                         | Aerobics, Bocce*, Dance, Double       |
|                                       | Dutch, Table Tennis, Wrestling, Yoga  |
| Weight Room* use a certified          | Weight Training                       |
| physical education teacher for weight |                                       |
| room activities.                      |                                       |
|                                       |                                       |

### INTRAMURAL DIRECTOR'S DAILY ATTENDANCE FORM

| Director               |       |        |      |  | / | Activi | ty | <br> | <br> | <br> | <br>_ |  |
|------------------------|-------|--------|------|--|---|--------|----|------|------|------|-------|--|
| Name of<br>Participant | Grade | Gender | Date |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |
|                        |       |        |      |  |   |        |    |      |      |      |       |  |

### INTRAMURAL DIRECTOR CHECKLIST

### PRE-ACTIVITY

| <ul><li>Contact the intramural coordinator for the following:</li></ul> |
|---|
| Middle School Physical Education Intramural Handbook                    |
| Procedures for student attendance and participation                     |
| Supplies and equipment  |
| Scheduling of facility  |
| Rules for Competition   |
| * Private Transportation Forms  |
| * Medical Cards   |
| Intramural/Extramural Permission Form                                   |

- Publicize the upcoming activity
- Conduct sign ups at least one week prior to the beginning of the activity

### **ACTIVITY**

- Report to the designated location promptly to supervise students
- Take attendance
- Distribute and collect supplies and equipment
- Supervise locker room before and after activity if students are changing clothes
- Dismiss students in accordance with school policy.

### **EXTRAMURAL ACTIVITY (PARTICIPATION IS OPTIONAL)**

- Obtain approval from intramural coordinator for extramural scheduled activity
- Distribute and collect transportation form, intramural/extramural permission form and medical card from each participant.
- Arrange transportation for activities held at other schools

### **POST ACTIVITY**

| • | Turn in to intramural coordinator the following: |
|---|--|
|   | Intramural Directory Activity Report             |
|   | Attendance records                               |
|   | Supplies and Equipment                           |
|   | Identify participants for awards                 |
|   | Conference with coordinator to evaluate program  |
|   |  |

• Publicize intramural results

<sup>\*</sup>Extramurals only

### INTRAMURAL DIRECTOR ACTIVITY REPORT

|           | ramural Director   |  |                                       | School   |                          | Date |
|-----------|--|--|---------------------------------------|--|--------------------------|------|
|           | ase complete thi<br>ordinator.                           | s form at t                            | he conclus                            | ion of each activity and re                                  | turn it to your intram   | ural |
|           | Name of activity _                                       |  |                                       | (List each ac  | tivity on a separate for | m.)  |
|           | Total number of [  | DIFFERENT s                            | tudents per                           | r grade level:   |                          |      |
|           | 6 <sup>th</sup> boys                                     | girls                                  | _7 <sup>th</sup> boys                 | girls 8 <sup>th</sup> bo                                     | ys girls                 |      |
| <b>}.</b> | The activity was o                                       | pen to: 6 <sup>th</sup> .              | 7                                     | eth8 <sup>th</sup>   |                          |      |
| ١.        | Activity dates:  |  | to                                    | ; activity time:   | to                       |      |
|           | There were   | (nu                                    | ımber) sess                           | ions per week  |                          |      |
|           | Was your activity  | in tournam                             | ent form                              | recreational play  | both?                    |      |
|           | What was the ave   | erage numb                             | er of studer                          | nts per session?   |                          |      |
|           | Would your progr   | am be mor                              | e successfu                           | l if the gym were available m                                | ore often after school?  |      |
| 3.        | Are you receiving Activity buses: Publicity: Scheduling: | Yes                                    | No                                    | for the intramural program?  Comments:  Comments:  Comments: |                          |      |
|           |  |  |                                       |  |                          |      |
|           | Equipment:   | Yes                                    | No                                    | Comments:  |                          |      |
|           | Equipment: Awards:                                       |  |                                       | Comments:  |                          |      |
|           | Awards:  | Yes                                    | No                                    |  |                          |      |
| •         | Awards: Would your progr                                 | Yes                                    | No                                    | Comments:  | e of day?                |      |
|           | Awards:  Would your progr  Yes No A different activit    | Yes<br>ram be more<br>If yes<br>y? Yes | No<br>e successful<br>s, when?:<br>No | Comments:  | e of day?                |      |

# MIDDLE SCHOOL INTRAMURAL COORDINATOR PROGRAM REPORT 2015–2016

This form should be completed by the intramural coordinator and sent to Pablo Rosas-Hernandez, Carver Educational Services Center, Room 253, via pony. Report only attendance numbers for each season. Numbers should **not** be cumulative.

|                  | per 30, 2015 |       | Februa    | ary 19, 2016 |        |      | ay 27, 2016 |             |       |
|------------------|--------------|-------|-----------|--------------|--------|------|-------------|-------------|-------|
| School:          |              |       |           |              |        |      | oordinator: |             |       |
| Activities       |              | Total | Number of | Different St | udents |      | Total Boys  | Total Girls | Total |
|                  | 6            | ;     |           | 7            |        | 8    |             |             |       |
|                  | Boy          | Girl  | Boy       | Girl         | Boy    | Girl |             |             |       |
| Aerobics         |              |       |           |              |        |      | 0           | 0           | 0     |
| Archery          |              |       |           |              |        |      | 0           | 0           | 0     |
| Badminton        |              |       |           |              |        |      | 0           | 0           | 0     |
| Basketball       |              |       |           |              |        |      | 0           | 0           | 0     |
| Basketball Shoot |              |       |           |              |        |      |             |             |       |
| out              |              |       |           |              |        |      | 0           | 0           | 0     |
| Cheerleading     |              |       |           |              |        |      | 0           | 0           | 0     |
| Cross Country    |              |       |           |              |        |      | 0           | 0           | 0     |
| Dance            |              |       |           |              |        |      | 0           | 0           | 0     |
| Double Dutch     |              |       |           |              |        |      | 0           | 0           | 0     |
| Fitness          |              |       |           |              |        |      | 0           | 0           | 0     |
| Flag Football    |              |       |           |              |        |      | 0           | 0           | 0     |
| Go1f             |              |       |           |              |        |      | 0           | 0           | 0     |
| Gymnastics       |              |       |           |              |        |      | 0           | 0           | 0     |
| Hockey-Field     |              |       |           |              |        |      | 0           | 0           | 0     |
| Hockey-Floor     |              |       |           |              |        |      | 0           | 0           | 0     |
| Hockey-Street    |              |       |           |              |        |      | 0           | 0           | 0     |
| Indoor Soccer    |              |       |           |              |        |      | 0           | 0           | 0     |
| Lacrosse         |              |       |           |              |        |      | 0           | 0           | 0     |
| Open Gym         |              |       |           |              |        |      | 0           | 0           | 0     |
| Pompon           |              |       |           |              |        |      | 0           | 0           | 0     |
| Soccer           |              |       |           |              |        |      | 0           | 0           | 0     |
| Softball         |              |       |           |              |        |      | 0           | 0           | 0     |
| Step Team        |              |       |           |              |        |      | 0           | 0           | 0     |
| Table Tennis     |              |       |           |              |        |      | 0           | 0           | 0     |
| Tennis           |              |       |           |              |        |      | 0           | 0           | 0     |
| Track            |              |       |           |              |        |      | 0           | 0           | 0     |
|                  |              |       |           |              |        |      | -           |             | -     |
| Track Challenge  |              |       |           |              |        |      | 0           | 0           | 0     |
| Trampoline       |              |       |           |              |        |      | 0           | 0           | 0     |
| Volleyball       |              |       |           |              |        |      | 0           | 0           | 0     |
| Weight Training  |              |       |           |              |        |      |             |             |       |
|                  |              |       |           |              |        |      | 0           | 0           | 0     |
| Wrestling        |              |       |           |              |        |      | 0           | 0           | 0     |

# Intramural Coordinator's Evaluation Spring 2016

| Sch | nool: Intramural Coordinator:  |
|-----|--|
|     | ase fill out this form and return it to Pablo Rosas-Hernandez, Carver Educational Services nter, Room 253, via pony or email Pablo_Rosas-Hernandez@mcpsmd.org before May 27, 2016. |
| 1.  | Did this year's program operate at the same level as last year? same better poorer   |
| 2.  | If different, what factors caused the change?difficulty getting sponsors, activity fee, inexperienced directors, lack of interest, other (please specify)                          |
| 3.  | Were the number of students participating in intramurals this yearmore than other years, less,about the same   |
| 4.  | If your school experienced a decline or increase in the intramural program, what do you feel is the major factor contributing to this? Please elaborate                            |
| 5.  | How is the intramural program at your school publicized?   |
| 6.  | Do you do anything special to build interest and enthusiasm?   |
| 7.  | What do you do to attract more female students to intramurals?   |

## Student Activity Evaluation

| ACTIVIT | ΤΥ  | <del></del>   |  |  |  |  |  |  |  |
|---------|---|---|--|--|--|--|--|--|--|
| Direct  | Directions: Circle the answer that best describes your opinion of the activity. |   |  |  |  |  |  |  |  |
| Yes     | No  | Was the activity publicized?  |  |  |  |  |  |  |  |
| Yes     | No  | Were you given a chance to help with the planning of this activity? |  |  |  |  |  |  |  |
| Yes     | No  | Were the proper safety procedures followed during the activity?     |  |  |  |  |  |  |  |
| Yes     | No  | Did this activity meet on a regular basis?                          |  |  |  |  |  |  |  |
| Yes     | No  | Was the time period of each session long enough?                    |  |  |  |  |  |  |  |
| Yes     | No  | Would you participate in this activity if it were offered again?    |  |  |  |  |  |  |  |
|         |   | Why or why not?   |  |  |  |  |  |  |  |

### **DO NOT SIGN YOUR NAME**



SEE \_\_\_\_\_\_
WHEN\_\_\_\_\_



JOIN US FOR \_\_\_\_\_

SEE \_\_\_\_\_

WHEN\_\_\_\_\_

WHERE\_\_\_\_\_

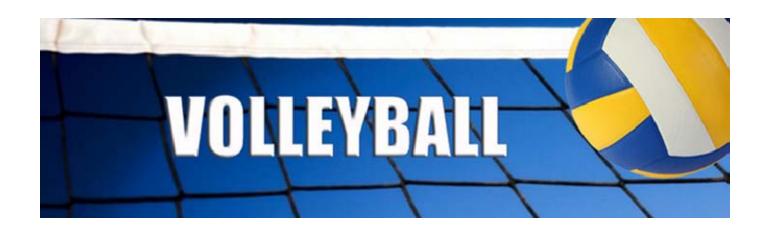


SEE \_\_\_\_\_

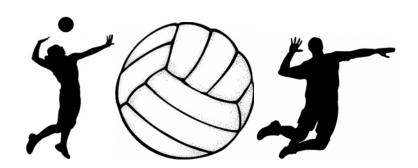
WHEN \_\_\_\_\_

WHERE\_\_\_\_\_





SEE \_\_\_\_\_\_ WHEN\_\_\_\_\_ WHERE





SEE \_\_\_\_\_

WHEN\_\_\_\_\_

WHERE\_\_\_\_\_







Signature

Parent/Guardian:

### MEDICAL CARD FOR ATHLETE

MCPS Form 560-30 December 2014

Interscholastic High School Athletics
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

| Parent/Guardian Name:    forme #:  | itudent Name:       |   | Birth Date:          |
|--|---------------------|---|----------------------|
| Parent/Guardian Name:  Home #: Work #: Cell #:  Parent/Guardian Name:  Home #: Work #: Cell #:  If parent cannot be reached, person to be contacted in case of emergency  Name: Relationship:  Home #: Work #: Cell #:  MEDICAL CARD FOR ATHLETE  Family Physician: Physician #:  Hospital Preference: Date of Last Tetanus Shot:  Allergies: Student Self-Carries EpiPen: Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION:   | School Name:        |   | Student ID #:        |
| Parent/Guardian Name:  Home #: Work #: Cell #:  If parent cannot be reached, person to be contacted in case of emergency  Name: Relationship:  Home #: Work #: Cell #:  MEDICAL CARD FOR ATHLETE  Family Physician: Physician #:  Hospital Preference: Date of Last Tetanus Shot:  Allergies: Student Self-Carries EpiPen: Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance? Yes No  If Yes, Name of Insurance Company:   | Home Address:       |   |                      |
| Parent/Guardian Name:  Home #: Work #: Cell #:  If parent cannot be reached, person to be contacted in case of emergency  Name: Relationship:  Home #: Work #: Cell #:  MEDICAL CARD FOR ATHLETE  Family Physician: Physician #:  Hospital Preference: Date of Last Tetanus Shot:  Allergies: Student Self-Carries EpiPen: Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance? Yes No  If Yes, Name of Insurance Company:   | Parent/Guardian Nan | ne:   |                      |
| Home #: Work #: Cell #:  If parent cannot be reached, person to be contacted in case of emergency  Name: Relationship:  Home #: Work #: Cell #:  MEDICAL CARD FOR ATHLETE  Family Physician: Physician #:  Hospital Preference: Date of Last Tetanus Shot:  Allergies: Student Self-Carries EpiPen: Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance? Yes No  If Yes, Name of Insurance Company:  | Home #:             | Work #:   | Cell #:              |
| MEDICAL CARD FOR ATHLETE Family Physician: Hospital Preference: Allergies:  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance? If parent cannot be reached, person to be contacted in case of emergency  Relationship:  MEDICAL CARD FOR ATHLETE  Physician #: Date of Last Tetanus Shot:  Student Self-Carries EpiPen:  Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance? If Yes, Name of Insurance Company: | Parent/Guardian Nan | ne:   |                      |
| MEDICAL CARD FOR ATHLETE  Family Physician: Hospital Preference: Date of Last Tetanus Shot: Allergies: Student Self-Carries EpiPen: Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance? If Yes, Name of Insurance Company:  | Home #:             | Work #:   | Cell #:              |
| MEDICAL CARD FOR ATHLETE  Family Physician: Hospital Preference: Date of Last Tetanus Shot:  Allergies: Student Self-Carries EpiPen: Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance? If Yes, Name of Insurance Company:   | lf parent cannot b  | e reached, person to be contacted   | in case of emergency |
| MEDICAL CARD FOR ATHLETE  Family Physician:  Hospital Preference:  Allergies:  Date of Last Tetanus Shot:  Student Self-Carries EpiPen: Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance?  If Yes, Name of Insurance Company:   | Name:               |   | Relationship:        |
| Family Physician:  Hospital Preference:  Date of Last Tetanus Shot:  Allergies:  Student Self-Carries EpiPen: Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance?  If Yes, Name of Insurance Company:   | Home #:             | Work #:   | Cell #:              |
| Family Physician:  Hospital Preference:  Date of Last Tetanus Shot:  Allergies:  Student Self-Carries EpiPen: Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance?  If Yes, Name of Insurance Company:   |                     |   |                      |
| Hospital Preference:  Allergies:  Allergies:  Student Self-Carries EpiPen: Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance?  If Yes, Name of Insurance Company:  |                     | MEDICAL CARD FOR  |                      |
| Allergies:  Student Self-Carries EpiPen: Yes No  Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance?  If Yes, Name of Insurance Company:  |                     |   |                      |
| Medicine Administered on the Field:  INSURANCE INFORMATION: Does your son/daughter have medical insurance?  If Yes, Name of Insurance Company:   | Hospital Preference | :e:   |                      |
| INSURANCE INFORMATION: Does your son/daughter have medical insurance?  If Yes, Name of Insurance Company:  | Allergies:          |   |                      |
| Does your son/daughter have medical insurance?   | Medicine Adminis    | tered on the Field:   |                      |
|  |                     |   | Yes No               |
|  | If Yes, Name of Ins | surance Company:  |                      |
|  |                     |   |                      |
|  |                     |   |                      |
|  |                     | e permission to the attending phys<br>priate medical treatment in the eve |                      |

This card must be kept on file in the medical kit for each sport and should be available at all practices and contests. It must accompany the athlete to the doctor or hospital when emergency medical attention is required.

Date

### Employee and Retiree Service Center MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20855

### STUDENT ACCIDENT REPORT

INSTRUCTIONS: To be completed by school personnel when reporting any accident involving an MCPS student and submitted

| to the principal/designee. See rever  | se side before completing. |                       |                             |              |
|---------------------------------------|----------------------------|-----------------------|-----------------------------|--------------|
| PART A: ACCIDENT INFORMATION          | ON                         |                       |                             |              |
| Injured                               |                            |                       | Date of birth_              | 1 1          |
| Last                                  | First                      |                       | MI                          |              |
| Home address                          |                            |                       |                             |              |
| Street                                | City                       |                       | State                       | ZIP Code     |
| School name                           | 1000                       | _ School number       | Grade                       | Age          |
| Home phone no                         |                            |                       |                             |              |
| Sex: Male Female Da                   | te of accident//           | . Time of accide      | ent: [_] a.m. [             | p.m.         |
| Date accident reported//              |                            |                       |                             |              |
| Specific activity Choose one.         | Lo                         | cation of accident    | Choose one.                 |              |
| Describe accident                     |                            |                       |                             |              |
|                                       |                            |                       |                             |              |
| Was an adult present at scene of ac   | cident? Yes No Na          | me of Individual      |                             |              |
| PART B: INJURY INFORMATION            | 200                        |                       |                             |              |
| Nature of injury Choose one.          | Part(e) of body            | Choose one            | Choose one (                | hoose one.   |
| Nature of injury                      | Pan(s) or body             | Choose one.           | Choose one.                 | TRANSC CIRC. |
| Immediate Action Taken                |                            |                       |                             |              |
| First aid: Yes No, By Whor            |                            |                       |                             |              |
| Sent to health room: Yes              |                            |                       |                             |              |
| Sent to doctor: Yes No, By            | whom                       |                       |                             |              |
| Doctor's name                         |                            |                       |                             |              |
| Sent back to class: Yes No            | o, By whom                 |                       |                             |              |
| Sent to hospital: Yes No, E           | By whom                    |                       |                             |              |
| Name of Hospital                      |                            |                       |                             |              |
| Notified Parent/Guardian or Neighbo   | or: Yes No, By Whom        |                       |                             |              |
| How notified                          |                            | 1 - 0 2 2 2           |                             |              |
| Yes, Date Notified//                  | Time Notified:             | a.m. p.m.             |                             |              |
| Total number of days lost from school | olStud                     | ent has accident insu | urance Yes No               |              |
| PART C: AUTHORIZATION                 |                            | ·                     |                             |              |
|                                       |                            | ,                     |                             |              |
| MCDC Form 525 2 42/00                 | Signature, Principa        |                       | Date Service Center CORY 21 | Datala       |
| MCPS Form 525-2, 12/08                | DISTRIBUTION: COPY 1/E     | imployee and Hetiree  | Service Center; COPY 2/     | netain       |

### INSTRUCTIONS FOR COMPLETING THE STUDENT ACCIDENT REPORT FORM GENERAL

Complete all of the questions and the authorization section. If not complete the form will be returned. Send the original within two weeks to The Employee and Retiree Service Center. Keep one copy for your files. Examples of reportable accident reports are: All injuries to the head, eye, neck or spine, any bone or joint injury that results in swelling; any puncture wound, burn or laceration that looks as though it may require sutures, ingestion of any drug, chemical, or foreign materials, or any animal bite. Refer to MCPS Regulation EBH-RA: Reporting Student Accidents.

#### PART A: ACCIDENT INFORMATION

Complete as indicated. Grade. Indicate the grade level such as 01, 02, 03 ... 12 for Grade 1–12. Head Start should be shown as "24," Kindergarten as "25," Special Education as "26," and Ungraded as "27." Age. State age of student on last birthday. Sex. Indicate "M" for male and "F" for female. Date of Accident. Indicate per example: 06/10/91 = June 10, 1991. Time of Accident. Indicate the exact time the accident occurred per example: 02:10 = Ten minutes past two o'clock. Check whether a.m. (Morning) or p.m. (Afternoon). Date Accident Reported. Indicate per example: 06/21/02 = June 21, 2002.

Type of Activity. Indicate using one of the following codes:

| 01 Elementary Physical Education | 03 Elementary Nonphysical Ed. and Non-noon Recess | 05 Secondary Non-Physical Ed. |
|----------------------------------|---|-------------------------------|
| 02 Elementary Noon Recess        | 04 Secondary Physical Education                   | 06 Varsity & Junior Varsity   |

#### Specific Activity. Indicate using one of the following codes:

| 101 | Archery      | 109 | Fencing      | 117 | Parallel/Horizontal Bars      | 1:25 | Swimming         | 134   | Wrestling/Self Defense |
|-----|--------------|-----|--------------|-----|-------------------------------|------|------------------|-------|------------------------|
| 102 | Badminton    | 110 | Field Hockey | 118 | Physical Fitness/Calisthenics | 1:26 | Swings           |       |                        |
| 103 | Balance Beam | 111 | Football     | 119 | Rings/Ropes                   | 1:27 | Tennis           |       |                        |
| 104 | Baseball     | 112 | Games        | 120 | Skating Ice/Roller            | 128  | Track and Field  |       |                        |
| 105 | Basketball   | 113 | Golf         | 121 | Skiing                        | 1:30 | Tumbling         |       |                        |
| 106 | Cheerleader  | 114 | Jungle Gym   | 122 | Slides and Seesaw             | 1:31 | Vaulting Box     |       |                        |
| 107 | Dance        | 115 | Kickball     | 123 | Soccer/Field-Ball             | 132  | Volleyball       |       |                        |
| 108 | Dodge Ball   | 116 | Muscleman    | 124 | Softball                      | 1:33 | Weight Lifting a | nd Tr | aining                 |

#### Location of Accident. Indicate using one of the following codes:

| 201 | All Purpose Room  | 208 | Grounds/Nonplayground       | 215 | Locker Room         | 222 | Special Activities (Field Trips, |
|-----|-------------------|-----|-----------------------------|-----|---------------------|-----|----------------------------------|
| 202 | Athletic Field    | 209 | Gymnasium and Auxiliary Gym | 216 | Motor Vehicle       |     | Clubs, Class Trips, etc.)        |
| 203 | Auditorium, Stage | 210 | Home Arts                   | 217 | Music and Band Room | 223 | Stairs                           |
| 204 | Bicycle           | 211 | Industrial Education Shops  | 218 | Outdoor Ed. Site    | 224 | Swimming Pool                    |
| 205 | Caleteria         | 212 | Laboratories                | 219 | Pedestrian          | 225 | Conference Room                  |
| 206 | Classroom         | 213 | Lavatory                    | 220 | Playground          | 226 | Career Programs/Off Campus       |
| 207 | Corridor          | 214 | Library                     | 221 | School Bus          |     |                                  |

Description of Accident. Briefly describe how the accident occurred. Was an Adult Present at Scene of Accident. Check Yes or No. Name of Individual. Print the individual's full name.

PART B: INJURY INFORMATION - The information in this section is not intended to elicit a medical diagnosis, but is used for statistical purposes.

Nature of Injury - Indicate using one and not more than three of the following codes that best describe(s) the injuryfinjuries.

| 37 | Abrasion/Bruise       | 24 | Concussion       | 31 | Foreign Body Imbedded/Loose | 35 | Object in Mouth/Poisoning  |
|----|-----------------------|----|------------------|----|-----------------------------|----|--|
| 23 | Amputation            | 21 | Death            | 26 | Fracture/Chipped            | 30 | Puncture   |
| 25 | Asphyxiation          | 28 | Dental           | 22 | Internal Injuries           | 36 | Sprain/Strain/Pulled Muscle/   |
| 38 | Bite                  | 27 | Dislocation      | 29 | Laceration/Cuts             |    | Torn Ligament  |
| 32 | Burne/Scalds/Chemical | 33 | Electrical Shock | 24 | Eve                         |    | No. of the Control of |

Part of Body - Indicate using one and not more than three of the following codes. If more than three parts of the body have been injured, indicate the most serious.

|     | Ankle      | 68 | Elbow         | 62 | Genital Area    | 66 | Knee              | 64 | Shoulders/Collar Bone |
|-----|------------|----|---------------|----|-----------------|----|-------------------|----|-----------------------|
| 65  | Arm        | 53 | Eye           | 72 | Hand            | 67 | Leg               | 61 | Stomach               |
| 155 | Back       | 56 | Face          | 52 | Head            | 58 | Mouth/Lips/Tongue | 73 | Teeth                 |
| 60  | Chest/Ribs | 75 | Fingers/Thumb | 63 | Hip             | 54 | Neck/Throat       | 74 | Toes                  |
| 57  | Ear        | 71 | Foot          | 51 | Internal Organs | 59 | Nose              | 70 | Wrist                 |

First Aid – Check Yes or No. If Yes is checked, indicate who gave the student first aid (nurse, secretary, etc.). Sent To Health Room. Check Yes or No. If Yes is checked, indicate who sent the student to the health room (secretary, teacher, etc.). Sent to Doctor. Check Yes or No. If Yes is checked, indicate who sent the student to the doctor (secretary, teacher, nurse, etc.). Print the doctor's name. Sent Back to Class. Check Yes or No. If Yes is checked, indicate by whom. Sent to Hospital. Check Yes or No. If Yes is checked, indicate who sent the student to the hospital (nurse, teacher, etc.). Print the Hospital's name. Was Parent, Guardian, or Neilghbor Notified. Check Yes or No. <u>Date Notified</u>. Indicate date per example: 05/2/02 = May 21, 2002. How Notified. By telephone, etc. <u>Time Notified</u>. Indicate the exact time per example: 10:50=10 minutes before 11 o'clock. Check whether a.m. (morning) or p.m. (afternoon). By Whom. Print full name of person who notified the parent or guardian. Total Number of Days Lost from School. Indicate per following examples: 000.5=½ day; 001.0=1 day; 100.0=100 days; 023.5=23½ days. Student Has Accident Insurance. Check Yes or No.

PART C: AUTHORIZATION - This form must be signed by the Principal. Also indicate the date this report was signed.

# MONTGOMERY COUNTY PUBLIC SCHOOLS INTRAMURAL/EXTRAMURAL PERMISSION FORM

| Student's Name   | Grade   |
|--|---|
| I give permission for my child to participate in the after | er school intramural activity program at This program will be held on |
| from   | to  |
| Days   | to<br>Time  |
| I have indicated below the manner in which my child        | will be transported home.   |
| Activity Bus   |   |
| Walk   |   |
| I will pick up my son/daughter a                           | t (time)  |
| Other  |   |
| (Failure to pick up students on time will result in his/h  | ner elimination from the program)                                     |
| The activity busses will operate on                        | , leaving school at   |
| Days   | Time  |
| (Signature of Parent/Guardian)                             | (Date)  |
| (Signature of Parent/Guardian)                             | (Date)  |
| When the parents are divorced and have legal joint of      | ustody, both parents must sign.                                       |



# PARENT/GUARDIAN APPROVAL FOR TRIPS MCPS TRANSPORTATION IS NOT PROVIDED

Office of School Support and Improvement MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850 MCPS Form 560-31 April 2014

| To Be Completed by the Trip Sponsor.  |                                  |   |                                  |  |  |  |
|---|----------------------------------|---|----------------------------------|--|--|--|
| School  |                                  |   | Grade                            | Level/Group  |  |  |
| Date(s) of Trip   | From                             | a.m./p.m. To                                  | a.m./p.m.                        | Student Cost   |  |  |
| Location of Trip (include city and state)   |                                  |   |                                  |  |  |  |
| Transportation Arrangements:  MCPS Approved Bus   | Carrier (Name                    | :   |                                  | )  |  |  |
| ☐ Public Transportation   | (Specify:                        |   |                                  | ) 🗆 Walking  |  |  |
| ☐ Riding in a vehicle wi  | th: Parer                        | t 🗆 Guardian 🗆                                | Staff 🗆 Sti                      | udent  |  |  |
| Purpose of Trip   |                                  |   |                                  |  |  |  |
| School Staff Sponsor  |                                  |   |                                  | Date//   |  |  |
| The student named below may be excused to engage in   | the above-de                     | scribed activity.                             |                                  |  |  |  |
| Signature of Principal  |                                  |   |                                  | Date//   |  |  |
| To Be Completed by Parent, Legal Guardian, or Eligible  | Student                          |   |                                  |  |  |  |
| Parent/Guar<br>Montgomery County Public Schools (MCPS) wants you  |                                  | al Responsibility<br>ut your financial res    | ponsibility for                  | r field trips.                                       |  |  |
| Cost—Depending on the trip, the cost may include trans  | portation, tick                  | et or entrance fee, fo                        | ood, hotel, an                   | d/or a travel company's fee.                         |  |  |
| Payment—Payment may be made by check made out to the school, cash, or, if available, through an online payment system. However, it is recommended that you do not send cash to school with your student(s). A check returned by the bank for any reason is subject to a \$25.00 returned-check fee. Please contact the school counselor or school administrator to make alternative arrangements for payment. Scholarships, reduced fee, or modified payment schedules are available if the cost of the field trip would create a hardship for your family.   |                                  |   |                                  |  |  |  |
| <b>Delay, Change, or Cancellation—</b> Sometimes it is new or other reasons. Sometimes, when a trip is cancelled, or in advance that MCPS cannot get back. For example, the or fees paid to a travel agent. A refund is not always p  | hanged, or de<br>here may be t   | elayed, cancellation<br>ransportation reserve | fees or other<br>ations, tickets | payments have been made<br>that have been purchased, |  |  |
| Additional Cost—If a trip is delayed, interrupted, or cand school longer than anticipated for safety or other and additional or alternative transportation. If this happare responsible for paying these additional expenses for  | reasons, there<br>ens, we will o | may be additional<br>to our best to keep      | costs for suc                    | ch things as food, lodging,                          |  |  |
| Information Regarding Travel Insurance  Travel insurance may help cover costs if the trip is cancelled, delayed, or interrupted, or if you are not able to go on the trip for reasons such as an illness. The cost of travel insurance varies depending on the company and plan you choose. Be aware, however, that travel insurance companies will not cover a trip that is cancelled by the school as a precaution. Unless the school has made arrangements for group insurance that is included in the cost of the field trip, the decision on whether to purchase travel insurance is yours. If you wish to purchase travel insurance, you must make the arrangements and pay the cost. |                                  |   |                                  |  |  |  |
| Student Name  |                                  | Teacher                                       |                                  |  |  |  |
| ☐ I give permission for my child to participate in the ab   | ove-described                    | activity.                                     |                                  |  |  |  |
| o NOT give permission for my child to participate   | in the above-                    | lescribed activity.                           |                                  |  |  |  |
| Parent/Guardian Name  |                                  |   | _ Phone Nun                      | mber   |  |  |
| Emergency Contact   |                                  |   | _ Phone Nun                      | mber   |  |  |
| Parent/Guardian Signature   |                                  |   |                                  |  |  |  |

### INFORMATION REGARDING TRAVEL INSURANCE

Although there are many travel insurance providers, the scope and cost of the coverage they provide varies widely. The one consistency, however, is that the cancellation of a school trip by school officials is not a "covered event" under travel insurance policies when the cancellation is purely precautionary. Nonetheless, travel insurance may be helpful should a trip be cancelled, delayed or interrupted due to other causes.

If group travel insurance is unavailable, impractical or inappropriate for a particular trip (e.g. only a small number of students are traveling or the cost of the trip is not substantial), parents may still wish to purchase travel insurance on their own. In such a situation, we recommend that the following statement be included in the letter to parents:

Given your potential financial responsibilities in the event of trip cancellation, delay or interruption, you may wish to consider purchasing travel insurance, which may cover costs arising from such events. The cost of such insurance and the scope of coverage will vary among companies. Please be aware that eligibility to receive cancellation benefits from an insurance company depends upon the circumstances of the trip cancellation. For example, if the school officials canceled a trip, it is most likely that this would not be considered a "covered event" unless it could be proven that cancellation was justified by independent circumstances. But, if the trip was underway and you incurred expenses for additional lodging or transportation, those might be covered. Therefore, we urge you to be sure you understand the scope of your coverage before purchasing any insurance. We do not endorse or recommend any particular insurance company and ask that you handle this on your own. If you are not familiar with companies offering travel insurance, a quick Internet search for "travel insurance" will provide you with numerous names.

## 2015 -16 MIDDLE SCHOOL INTRAMURAL COORDINATOR DIRECTORY

| SCHOOL NAME                 | Intramural Coordinator  | PHONE NUMBER |
|-----------------------------|-------------------------|--------------|
| Argyle                      | Nicole Wallace          | 301-460-2400 |
| John T. Baker               | Greg Standford          | 301-253-7010 |
| Benjamin Banneker           | Ryan Junghans           | 301-989-5747 |
| Briggs Chaney               | Alex Evangelista        | 301-989-6000 |
| Cabin John                  | Blumenthal, David       | 301-469-1150 |
| Roberto W. Clemente         | Patricia Fetner         | 301-601-0344 |
| Eastern                     | Linda Barrett           | 301-650-6650 |
| William H. Farquhar         |                         | 301-924-3100 |
| Forest Oak                  | Lisa Martin             | 301-670-8242 |
| Robert Frost                | Henry Niverth           | 301-279-3949 |
| Gaithersburg                | Sean Adams              | 301-840-4554 |
| Herbert Hoover              | John Angelotti          | 301-469-1010 |
| John Poole                  | Kim Gerrie              | 301-972-7979 |
| Julius West                 | Andy Lee                | 301-279-3979 |
| Francis Scott Key           | Neville Voglezon, Jr.   | 301-431-7630 |
| Dr. Martin Luther King      | John Glodek             | 301-353-8080 |
| Kingsview                   | Carey Snyder            | 301-601-4611 |
| Lakelands Park              | Dave Bowers             | 301-670-1400 |
| Col. E. Brooke Lee          | Jonathan Reader         | 301-649-8100 |
| A. Mario Loiederman         | Benjamin Minturn        | 301-929-2282 |
| Montgomery Village          | Nikki Williams          | 301-840-4660 |
| Neelsville                  | Will Kelley             | 301-353-8064 |
| Newport Mill                | Philip Finelli          | 301-924-2244 |
| North Bethesda              | Steve Smiddy            | 301-571-3883 |
| Parkland                    | Brendan Flanagan        | 301-460-2180 |
| Thomas W. Pyle              | James Debuchananne      | 301-320-6540 |
| Redland                     | Andrew Hirshorn         | 301-840-4680 |
| Ridgeview                   | Peter Greenwood         | 240-406-1300 |
| Rocky Hill                  | Melanie Brouillard      | 301-353-8282 |
| Rosa M. Parks               | Christopher Swank       | 301-924-3180 |
| Shady Grove                 | Chanda Guitano-Stephens | 301-548-7540 |
| Silver Spring International | Terence James           | 301-650-6544 |
| Sligo                       | Mike Endler             | 301-649-8121 |
| Takoma Park                 | Sallie Woodward         | 301-650-6444 |
| Tilden                      | Michelle Cassels        | 301-230-5930 |
| Westland                    | Mischelle Clise         | 301-320-6515 |
| White Oak                   |                         | 301-989-5780 |
| Earle B. Wood               | Bill Allen              | 301-460-2150 |
|                             |                         |              |

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