

**NORTHLAWN JUNIOR HIGH SCHOOL COACH'S
HANDBOOK**

STREATOR ELEMENTARY SCHOOL DISTRICT #44

Effective July 1, 2022

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Welcome

Welcome to your Coach's handbook! The purpose of this handbook is to acquaint junior high coaches and administrators with the policies, rules, procedures, and forms necessary and required for proper enforcement of regulations for junior high school athletics and to insure a better opportunity for coaches to have first-hand information.

Your work as a coach in this District is important! You are providing lifelong skills to all of our athletes. By following these procedures and guidelines, we help to ensure that our athletic department will run efficiently throughout the course of the school year.

Thank you for your dedication to our student athletes and our schools.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Parker".

Dr. Lisa Parker

Superintendent

Email: lparker@ses44.net

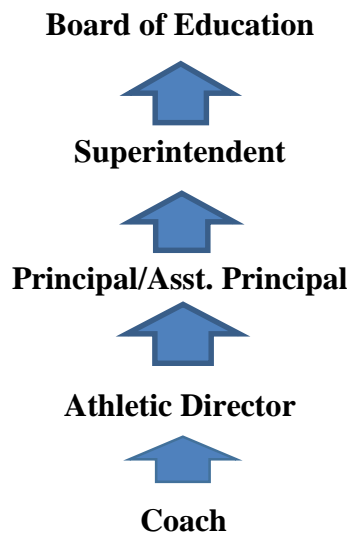
(815) 672-2926

INTRODUCTION

This document is intended to provide a reference for personnel related policies and procedures for employees in District #44, who provide coaching services. This Handbook is intended to outline procedures regarding the athletic programs within the District and is not intended to fully address all employment-related issues of the Coach. As a coach in the District, you are responsible for the information in this handbook, as well as the District employee handbook and Board of Education policies.

CHAIN OF COMMAND - MANAGEMENT AND DIRECTION

The following chart shows how the athletic department fits within the Streator Elementary School District organizational chart. This chart indicates the channels of authority and reporting relationships for Athletic Department employees. Athletic Department employees should follow this “chain of command” for reporting information, concerns and suggestions. The proper line of communication would involve contacting the immediate supervisor first. If an issue is not resolved at the first level, the employee may advance to the next level. These channels should be followed, and no level should be bypassed, except in unusual situations.





STREATOR ELEMENTARY SCHOOL DISTRICT #44 STRATEGIC PLAN 2018-2023

DISTRICT MISSION

We're Building a Better World, One Student at a Time

DISTRICT VISION

We, at Streator Elementary School District #44, in cooperation with the community, will provide a comprehensive curriculum designed to help all students reach their full potential, become life-long learners and productive members of society.

VALUES & BELIEFS

- Safety
- Empower Students and Staff
- Health and Well-Being
- Supportive Environment
- Resources
- High Standards
- Professional Development
- Communication
- Fiscally Responsible
- Transparent
- Community Involvement

Adopted by Streator
Elementary School District
Board of Education on
September 25, 2018

GOALS

- Provide students with increased opportunities while meeting their social-emotional and academic needs
- Execute the improvement and updating of the infrastructure and maintain safe working facilities
- Manage resources in a responsible, efficient, effective manner
- Foster partnerships to benefit the overall development of the school community

MANDATORY COACH'S MEETING

A mandatory meeting will be held before the season begins. Coaches will review all parts of this handbook with the athletic director and answer any questions you might have before your season starts.

QUALITIES OF A GOOD COACH

The most important asset that a coach can have is a sound philosophy of athletics and an understanding of the leadership qualities necessary to become a good coach.

By observation of good coaches, we have developed the following qualities:

Enthusiasm – Good coaches are enthusiastic about their job and the athletes they work with.

Observant – Good coaches have developed an ability to recognize potential in athletes.

Responsibility – Good coaches accept the responsibility for the performance of their team.

Poise – Good coaches are always in control and demonstrate stability and dignity on and off the field.

Positive – Good coaches are inclined to expect the best possible outcome.

Self-Confident – Good coaches believe they can do the job and will work hard enough to get it done.

Patience – Good coaches realize that learning new skills and attitudes take time. They are firm but patient with their athletes.

Appearance – Good coaches present a clean and well-groomed image.

Initiative – Good coaches' step in and take charge when they see a need.

Cooperation – Good coaches realize the importance of working with the coaching staff, faculty, and administration, especially when asked to perform additional assignments

COACH'S REQUIREMENTS

The following are requirements for all coaches at Northlawn Junior High prior to the first day of coaching any sport:

- All employees must undergo a fingerprint-based criminal history records check.
- Any coach without a college degree must take a coaches' class offered on the IESA website.
- All coaches must take the Concussion course offered on the IESA website. This certification is good for two years.
- A coach must stay after a practice until all their athletes have left the property.

Under no circumstances will a coach permit any outside person to assist in the coaching of their team without consulting the Athletic Director and without that person completing the required paperwork at the District Office.

PERFORMANCE RESPONSIBILITIES

- Organizes effective daily practice schedules. Each coach will include their excused/unexcused absence policy for their team which must be pre-approved by the Athletic Director before their season begins. This will be handed out to parents, along with the athletic code at the parent meeting. A signature page will be included with your policy.
- Furnishes athletic director with accurate inventory of all equipment, supplies, and material at the beginning and end of the season.
- Recommends the purchase of new equipment, supplies, and materials to the athletic director.
- Assumes responsibility for all athletic property used in the programs supervised by the coach.
- Supplies information requested by the Superintendent, Principal, Assistant Principal or Athletic Director.
- Assumes responsibility for the conduct of the team and administers discipline in accordance with established regulations.
- Adheres to Board Policies.
- Collects all Athletic Code Signature pages and \$50 pay to participate money and turns it in altogether no later than 3 days prior to the first game of their season. Anyone who does not turn in either of these requirements will not be allowed to participate in games or practices until both requirements are met.
- Enforces the dress code upon their team.

SCHEDULES

All baseball, basketball, volleyball, and track schedules will be drawn in the Athletic Director's office. No coach is to schedule extra games, matches, or tournaments for their team.

PRACTICE SESSIONS

Practices may only be held if there is a janitor in the building or pre-approval has been given by the Athletic Director. A coach's meeting will be set by the Athletic Director before the school year starts. Coaches must attend if they want to schedule times in the gym, otherwise times for practices will be scheduled for you. No practices will be scheduled on weekends unless setup through the Athletic Director. Practices will not be permitted on days that school has been cancelled.

ELIGIBILITY RULES

Each athlete is expected to have an eligibility sheet filled out by their teachers on Friday. The eligibility sheet should be turned into the Athletic Director before they leave school on Friday. They should be placed in the folder outside the Athletic Director's room. It is the coach's responsibility to make sure all of their players follow this rule or they will not be able to participate in any athletic activities the following week. Any questions concerning eligibility that are not covered by the previous sections can be answered by contacting the Athletic Director.

CUTS

Cuts can only be made after consultation with the Athletic Director.

DRESS CODE

All athletes and coaches will wear dress clothes to ALL away games. (baseball and track athletes are the exception) Dress clothes include any pants not of the jean material or with holes in them and a nice shirt. Leggings are acceptable with an appropriate shirt. You may wear Northlawn Junior High apparel.

PHYSICAL EXAMS

IESA states that each athlete must have filed with the Athletic Director a certificate of physical fitness issued by a licensed physician not more than one year preceding practice or participation in any sport.

Coach's responsibility as it relates to physical exams:

- A coach shall not permit an athlete to try out or practice unless they have turned in a physical exam or their name is on the updated physical exam list.
- A coach shall return all physicals to the Athletic Director.
- A coach shall remind the athlete of the expiration date of their physical when told to do so by the Athletic Director. If the athlete does not renew their physical, all activities shall cease immediately

TRANSPORTATION

Transportation for games may be provided by the district to those games/matches further than 40 miles away. Athletes must have their own rides to all other games or may arrange rides with other athletes. By no means is a coach allowed to give a student athlete a ride to any event unless the student athlete is their student or a relative approved by the Athletic Director. If transportation to a school event is provided, the coach is expected to ride the bus with the team.

A record of all miles driven by the coach to all away games shall be recorded and turned into the district at the end of the season for reimbursement. The miles shall be calculated from Northlawn Junior High to the opponent's school and back to Northlawn Junior High only.

PARENTS' MEETING

A meeting is to be held with the parents of all athletes before the first contest. It will be held as soon as the team is selected. The following topics are to be covered in this meeting:

- Team Rules
- Care of Practice gear and uniform (not returned must pay replacement fee)
- Athletic Eligibility and Athletic Code
- Coach's Philosophy
- Chain of Command (Coach -> Athletic Director -> Principal/Asst. Principal -> Superintendent -> Board of Education)

IN-SEASON PROCEDURES

- IESA information is updated – rosters, records, and birthdates
- Constant communication with parents (changes to schedules/practices)

POST-SEASON PROCEDURES

- Inventory of uniforms completed and turned into Athletic Director.
- Any equipment such as medical bag, dry erase board, etc. must be turned in to the Athletic Director

TEAM ROSTER

- Once the team has been selected, the Roster Information Form is to be returned to the Athletic Director. These rosters are needed immediately for programs, name boards, media, and tournaments. See Forms Appendix for Roster Information form.

CANCELLATIONS

- When weather plays a factor in any event cancellation, the Athletic Director and School Administration will try and have a decision no later than 1:00 PM. The final call will be made by the Superintendent.

STIPENDS

All stipends will be paid half on Dec. 15th and half on May 15th.

ATHLETIC FORM CHECKLIST

Sport

Year

[illegible]

Bus Sign Out Sheet

Student Name

Parent Signature

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____

Signature of parent/guardian _____

Date _____

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Pre-participation Examination



PHYSICAL EXAMINATION FORM

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none">Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat <ul style="list-style-type: none">Pupils equalHearing		
Lymph nodes		
Heart ^a <ul style="list-style-type: none">Murmurs (auscultation standing, supine, +/- Valsalva)Location of point of maximal impulse (PMI)		
Pulses <ul style="list-style-type: none">Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none">HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional <ul style="list-style-type: none">Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____

Physician's Assistant Signature* _____

Advanced Nurse Practitioner's Signature* _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

IHSA Steroid Testing Policy Consent to Random Testing

(This section for high school students only)
2012-2013 school term

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/his/her body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at
http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf

Signature of student-athlete

Date

Signature of parent-guardian

Date

STREATOR ELEMENTARY SCHOOLS MILEAGE REPORT FOR REIMBURSEMENT

This report is to be submitted to your supervisor, director, principal, etc. Report must include name, dates of travel, locations, distance, and reason. Sheet must be totaled and signed by employee and supervisor. Please list your school or home-base location under "school". Mileage from your school building/office to your destination must be attached using GoogleMaps or MapQuest. Mileage from previous years will not be reimbursed.

NAME: _____
 (please print)
 School: _____
 ACCT #: _____

DATE	FROM	TO	MILES	REASON
TOTAL MILES:			0.0	\$ per Mile: TOTAL \$: \$ -

MILEAGE CLAIM FOR MONTH / YEAR OF _____

 EMPLOYEE SIGNATURE

 SUPERVISOR'S/PRINCIPAL'S SIGNATURE / Date Signed

 SUPERINTENDENT'S SIGNATURE / Date Signed

Rev. 05/18

Athletic Roster

Sport _____

Coach _____

Athlete	Grade	Uniform Top Number	Uniform Bottom Number

Signature Page

I have read the Coach's Handbook and understand fully all my responsibilities while coaching at Northlawn Junior High.

Signature

Date