

DATE REQUESTED

Dates and Time

[illegible]

HASBROUCK HEIGHTS BOARD OF EDUCATION
Hasbrouck Heights, New Jersey 07604 File Code: 5141.8
Policy

Policy for the Prevention and Treatment of Sports-Related Concussions and Head Injuries

Introduction

This document is designed to implement policies, procedures and programs for the prevention, treatment, and education of Sports-Related Concussions and Head Injuries for the Hasbrouck Heights School District.

**Part I
Background**

Legislation (P.L. 2010, Chapter 94) (*N.J.S.A.* 18A:40-41.3) enacted on December 7th, 2010 requires the Hasbrouck Heights school district that participates in interscholastic athletics to adopt by September 1, 2011, a policy concerning the prevention and treatment of sports- related concussions and other head injuries among student- athletes. The Center for Disease Control estimates that 300,000 concussions are sustained during sports- related activity in the United States. A concussion is a traumatic brain injury (TBI) caused by a direct or indirect blow to the head or body. In order to ensure the safety of student-athletes, it is imperative that athletes, coaches, and parents/guardians are educated about the nature and treatment of sports- related concussions and head injuries. Allowing a student-athlete to return to play before recovering from a concussion increases the chance of a more serious brain injury that can result in severe disability and/or death.

**Part II
Guidance For Local Policy Development**

Policy Context

The New Jersey Department of Education (NJDOE) recognizes that the decisions made on the policy governing the care of student-athletes who have sustained sports-related concussions and head injuries is dependent on the individual characteristics in each school district, charter, and non-public school. The Hasbrouck Heights board of education policy, however, must comply with the minimum requirements stated in *N.J.S.A.* 18A: 40-41.4 in regards to the care and treatment of a student athlete who is suspected of sustaining a sports-related concussion or head injury.

Local Policy Development

The following descriptions of applicable regulations make it clear that the **content and format of local policies and procedures must be developed locally:**

- The Hasbrouck Heights school district will adopt an Interscholastic Head Injury Training program to be completed by the School/Team Physician, Licensed Athletic Trainer, Coaches, School Nurses, and other appropriate district personnel pursuant to *N.J.S.A.* 18A:40-41.2
- The Hasbrouck Heights school district must develop its written policy concerning the prevention and treatment of sports-related concussions and head injuries in accordance with *N.J.S.A.* 18 A:40-41.3.
- The Hasbrouck Heights board of education must review their sports related concussion and head injury policy annually , and update as necessary, to ensure that it reflects the most current information available on the prevention, risk, and treatment of sports related concussions and head injuries pursuant to *N.J.S.A.* 18A:40-41.3.

N.J.S.A. 18A:40-41.4- Removal of student-athlete from competition, practice; return.

- A student who participates in interscholastic athletics and who sustains or is suspected of sustaining a concussion or other head injury shall be immediately removed from practice or competition. The student-athlete may not return to play until he/she has obtained medical clearance in compliance with local school district return-to-play policy.
- All Coaches, School Nurses, School/ Team Physicians and Licensed Athletic Trainers must complete an Interscholastic Head Injury Training Program.
- The Athletic Head Injury training program must include, but not be limited to:

1. The recognition of the symptoms of head and neck injuries, concussions, risk of secondary injury, including the risk of second impact syndrome; and
 2. Description of the appropriate criteria to delay the return to sports competition or practice of a student-athlete who has sustained a concussion or other head injury.
- An Athletic Head Injury Training program such as the National Federation of State High Schools Association online "Concussion in Sports" training program or a comparable program that meets mandated criteria shall be completed by the above named staff or others named by the Hasbrouck Heights school policy. Additional head injury training programs that meet the mandated criteria may be completed by professionals of different levels of medical knowledge and training.
 - Distribution of NJ Department of Education Concussion and Head Injury fact sheet to every student athlete who participates in interscholastic sports. The Hasbrouck Heights school district shall obtain a signed acknowledgement of the receipt of the fact sheet by the student-athlete's parent/ guardian and keep on file for future reference.

Concussion Protocol for the Prevention and Treatment of Sports-Related Concussions and Head Injuries

Prevention

1. Pre-season baseline testing.
2. Review of educational information for student-athletes on prevention of concussions.
3. Reinforcement of the importance of early identification and treatment of concussions to improve recovery. Student-athletes who are exhibiting the signs or symptoms of a sports-related concussion or other head injuries during practice or competition shall be immediately removed from play and may not return to play that day.

Possible Signs of Concussion:

(Could be observed by Coaches, Licensed Athletic Trainer, School/Team Physician, School Nurse)

1. Appears dazed, stunned, or disoriented.
2. Forgets plays, or demonstrates short term memory difficulty.
3. Exhibits difficulties with balance or coordination.
4. Answers questions slowly or inaccurately.
5. Loses consciousness.

Possible Symptoms of Concussion

(Reported by the student athlete to Coaches, Licensed Athletic Trainer, School/ Team Physician, School Nurse, Parent/ Guardian)

1. Headache
 2. Nausea/Vomiting
 3. Balance problems or dizziness.
 4. Double vision or changes in vision.
 5. Sensitivity to light or sound/noise.
 6. Feeling sluggish or foggy.
 7. Difficulty with concentration and short term memory.
 8. Sleep disturbance.
 9. Irritability
- Student-Athletes must be evaluated by a physician or licensed health care provider trained in the evaluation and management of concussion to determine the presence or absence of a sports related concussion or head injuries.
 - To return to practice and competition the student-athlete must follow the protocol:
 1. Immediate removal from competition or practice. 911 should be called if there is a deterioration of symptoms, loss of consciousness, or direct neck pain associated with the injury.
 2. When available the student-athlete should be evaluated by the school's licensed healthcare provider who is trained in the evaluation and management of concussions.
 3. School personnel (Athletic Director/Building Administrator, Licensed Athletic Trainer, School Nurse, Coach, etc.) should make contact with the student-athlete's parent/guardian and inform him/her of the suspected sports-related concussion or head injury.
 4. School personnel (Athletic Director/ Building Administrator, Licensed Athletic Trainer, School Nurse, Coach, etc.) shall provide the student-athlete with district board of education approved suggestions for management/ medical checklist to provide their parent/guardian and physician or other licensed healthcare professional trained in the

evaluation and management of sports related concussions and other head injuries (See attachment sections at end of model policy for examples CDC, NCAA, etc.)

5. The student-athlete must receive written clearance from a physician, trained in the evaluation and management of concussions that states the student-athlete is asymptomatic at rest and may begin the local districts' graduated return-to-play protocol. Medical clearance that is inconsistent with the Hasbrouck Heights school district policy may not be accepted and such matters will be referred to the school/team physician.

Graduated Return to Competition and Practice Protocol

- Complete physical, cognitive, emotional, and social rest is advised while the student-athlete is experiencing symptoms and signs of a sports-related concussion or other head injury. (Minimize mental exertion, limiting overstimulation, multi-tasking etc.)
- After written medical clearance is given by a physician trained in the evaluation and management of concussions stating that the student-athlete is asymptomatic at rest, the student-athlete may begin a graduated individualized return-to-play protocol supervised by a licensed athletic trainer, school/team physician or in cases where the aforementioned are not available a physician or licensed health care provider trained in the evaluation and management of sports-related concussions. The following steps should be followed:
 1. Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms. If no return of symptoms, next day advance to:
 2. Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity < 70% maximum percentage heart rate: no resistance training. The objective of this step is increased heart rate. If no return of symptoms, next day advance to:
 3. Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement and continue to increase heart rate. If no return of symptoms, next day advance to:
 4. Non-contact training drills (e.g., passing drills). The student-athlete may initiate progressive resistance training. If no return of symptoms, next day advance to:
 5. Following medical clearance (consultation between school health care personnel, i.e., Licensed Athletic Trainer, School/Team Physician, School Nurse and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and to assess functional skills by the coaching staff. If no return of symptoms, next day advance to:
 6. Return to play involving normal exertion or game activity.
- In the absence of daily testing by knowledgeable school district staff (i.e. Licensed Athletic Trainer, School/Team Physician) to clear a student-athlete to begin the graduated return-to-play protocol a student-athlete should observe a 7 day rest/recovery period before commencing the protocol. Younger students (K-8) should observe the 7 day rest/recovery period (after they are symptom free at rest) prior to initiating the graduated-return-to play protocol. A physician trained in the evaluation and management of concussion as well as the parents/guardians of the student-athlete shall monitor the student-athlete in the absence of knowledgeable school district staff (i.e., Athletic Trainer, School/Team Physician). School Nurses may serve as an advocate for student-athletes in communicating signs and symptoms to physicians and parents/guardians.
- Utilization of available tools such as symptom checklists, baseline and balance testing are suggested.
- If the student athlete exhibits a re-emergence of any concussion signs or symptoms once they return to physical activity, he/she will be removed from further exertional activities and returned to his/her school/team physician or primary care physician.
- If concussion symptoms reoccur during the graduated return-to-play protocol, the student-athlete will return to the previous level of activity that caused no symptoms.

Temporary Accommodations for Student-Athletes with Sports-Related Head Injuries

- Rest is the best "medicine" for healing concussions or other head injuries. The concussed brain is affected in many functional aspects as a result of the injury. Memory, attention span, concentration and speed of processing significantly impacts learning. Further, exposing the concussed student-athlete to the stimulating school environment may delay the resolution of symptoms needed for recovery.
- Accordingly, consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports-related concussions and head injuries.
- Mental exertion increases the symptoms from concussions and affects recovery. To recover, cognitive rest is just as important as physical rest. Reading, studying, computer usage, testing, texting – even watching movies if a student is sensitive to light/sound – can slow a student's recovery. In accordance with the Centers for Disease Control's toolkit

on managing concussions boards of education may look to address the student's cognitive needs in the following ways.

- Students who return to school after a concussion may need to:
 1. Take rest breaks as needed.
 2. Spend fewer hours at school.
 3. Be given more time to take tests or complete assignments. (All courses should be considered)
 4. Receive help with schoolwork.
 5. Reduce time spent on the computer, reading, and writing.
 6. Be granted early dismissal to avoid crowded hallways.

Part III

Implementation of the Interscholastic Sports-Related Concussions and Head Injuries Policy

Statutory and Regulatory Provisions: *N.J.S.A.* 40-41.3 Information regarding the Interscholastic Head Injury Safety training program and policy for the prevention and treatment of sports-related concussions and head injuries which shall be completed by the school/team physician, coaches, athletic trainer, school nurse, and any other school employee the Hasbrouck Heights school district deems necessary.

The Hasbrouck Heights school district must monitor the above named employees in the completion of an Interscholastic Head Injury Training program such as the National Federation of State High Schools Association's online, "Concussion in Sports" or a comparable program which meets the mandated criteria and includes but is not limited to:

1. The recognition of the symptoms of head and neck injuries, concussions, and injuries related to second-impact syndrome.
2. Includes the appropriate criteria to delay the return to sports practice or competition of a student athlete who has sustained a concussion or other head injury. *Additional head injury training programs that meet the mandated criteria may be completed by professionals of different levels of medical knowledge and training.

The Hasbrouck Heights school district shall distribute the educational fact sheet annually to the parents or guardians of student-athletes and shall obtain a signed acknowledgement of the receipt of the fact sheet by the student-athlete and his parent or guardian.

The Hasbrouck Heights school district shall develop a written policy concerning the prevention and treatment of sports-related concussions and other head injuries among student-athletes. The policy shall include, but need not be limited to, the procedure followed when it is suspected that student-athlete has sustained a concussion or other head injury. The Hasbrouck Heights school district shall implement the policy by the 2011-2012 school year.

Students participating in an interscholastic sports program and are suspected of sustaining a concussion or other head injury in practice or competition shall be immediately removed from the sports competition or practice. Student-athletes who are removed from competition or practice shall not participate in further sports activity until they are evaluated by a physician or other licensed healthcare provider trained in the evaluation and management of concussions, and receive written clearance from a physician trained in the evaluation and management of concussions to return to completion or practice.

Part IV

Concussion Management Protocol for the Hasbrouck Heights Public Schools

Grade 1 (mild)	No loss of consciousness. Either post-traumatic amnesia* or post-concussive symptoms clear in less than 30 minutes.	Concussion Grading System
Grade 2 (moderate)	Loss of consciousness lasting less than 1 minute; post-traumatic amnesia* or post-concussive symptoms lasting longer than 30 minutes but less than 24 hours.	
Grade 3 (severe)	Loss of consciousness lasting longer than 1 minute or post-traumatic amnesia* lasting longer than 24 hours; post-concussive signs or symptoms lasting longer than 7 days.	
*anterograde or retrograde amnesia		

NEUROPSYCHOLOGICAL TESTING

The Athletic Trainer will perform pre-season baseline and post-concussion neuropsychological testing using the ImPACT[®] (Immediate Post Concussion Assessment and Cognitive Testing) software program to assist in the management of head injuries. Founded by the University of Pittsburgh Medical Center's Sports Concussion Program, this software system is utilized throughout professional sports and has been mandated in the NHL. Used by 18 NFL teams and countless colleges and high schools across the country, it is fast becoming the "Gold Standard" in recognizing and managing head injuries. The exam takes about 20 minutes and is non-invasive. The program is basically set up as a "video-game" type format. It tracks neurocognitive information such as memory, reaction time, brain processing speed and concentration. For example, in the word memory section, a dozen common words appear one at a time on the screen for about one second each. The athlete is then later asked what words were displayed.

The Athletic Trainer will conduct post-concussive tests 2-3 days after a concussion and continue to test the athlete until they return to baseline. Please note that this program is used only as a tool in making return-to-play decisions.

SIDELINE EVALUATION

1. **Orientation:** Time, place, person, and situation (circumstances of injury).
2. **Concentration:** Digits backward (i.e., 3-1-7, 4-6-8-2, 5-3-0-7-4).
3. **Memory:** Names of teams in prior contest. Recall of 3 words and 3 objects at 0 and 5 minutes. Recent newsworthy events. Details of the contest (plays, moves, strategies, etc.)
4. **Exertional Tests:** 40 yard sprint, 5 push-ups, 5 sit-ups, 5 knee-bends
5. **Neurological Tests:** Strength, Coordination and Agility Sensation

FEATURES OF CONCUSSION FREQUENTLY OBSERVED

1. Vacant stare (befuddled facial expression)
2. Headache
3. Dizziness
4. Nausea
5. Blurred or double vision
6. Mental Status Changes
7. Delayed verbal and motor responses (slow to answer questions or follow instructions)
8. Confusion and inability to focus attention (easily distracted and unable to follow through with normal activities)
9. Disoriented (walking in the wrong direction; unaware of time, date and place)
10. Slurred or incoherent speech (making disjointed or incomprehensible statements)
11. Gross observable incoordination (stumbling, inability to walk tandem/straight line)
12. Emotions out of proportion to circumstances (distracted, crying for no apparent reason)
13. Memory deficits (exhibited by the athlete repeatedly asking the same question that has already been answered, or inability to memorize and recall 3 of 3 words or 3 of 3 objects in 5 minutes)
14. Any period of loss of consciousness (paralytic coma, unresponsiveness to arousal)

RETURN-TO-PLAY

- Symptom free for 1 week, counting the first asymptomatic day before initiating a graduated return-to-play exercise protocol.
- The student-athlete must be monitored during that time period for any reoccurrence of concussion symptoms
- If the student-athlete exhibits a re-emergence of any post-concussion signs or symptoms once he/she returns to play, he/she will be removed from exertional maneuvers and return to his/her primary care physician or the team doctor for a reevaluation.
- If concussions symptoms reoccur during the graduated return-to-play exercise protocol, the student-athlete will return to the previous level of activity that caused no symptoms and then advance as tolerated.
- Utilization of tools such as symptom checklists, ImPact baseline, and balance testing will be used to determine level of activity and graduated return-to-play.

GRADUATED RETURN-TO-PLAY EXERCISE PROTOCOL

Step 1: No Activity, complete physical and cognitive rest. The objective of this step is recovery.

Step 2: Light aerobic exercise, which includes walking, swimming or stationary cycling, keeping the intensity at less than 70% maximum percentage heart rate; no resistance training. The objective of this step is increased heart rate.

Step 3: Sport-specific exercise including skating, and/or running drills; no head impact activities. The objective of this step is to add movement.

Step 4: Non-contact training drills involving progression to more complex training drills (e.g. passing drills). The student-athlete may initiate progressive resistance training.

Step 5: Following medical clearance, participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by the coaching staff.

Step 6: Return to play involving normal exertional or game activity.

Part V

Resources on Interscholastic Sports Related Concussions and Head Injuries

Internet Resources

Centers for Disease Control and Prevention – Concussion Toolkit

http://www.cdc.gov/concussion/HeadsUp/physicians_tool_kit.html

<http://www.cdc.gov/concussion/headsup/pdf/ACE-a.pdf>

http://www.cdc.gov/concussion/headsup/pdf/ACE_care_plan_school_version_a.pdf

http://www.cdc.gov/concussion/headsup/pdf/Concussion_in_Sports_palm_card-a.pdf

National Federation of State High Schools Association- Online “Concussion in Sports” training program.
www.nfhs.org

Brain Injury Association of New Jersey
www.BIANJ.org
www.sportsconcussion.com

Athletic Trainers Society of New Jersey
www.atsnj.org

National Collegiate Athletic Association
www.NCAA.org/health-safety

New Jersey Interscholastic Athletic Association
www.njsiaa.org

Articles

“Consensus Statement on Concussion in Sport: 3rd International Conference on Concussion in Sport held in Zurich, November 2008”. Clinical Journal of Sports Medicine, Volume 19, May 2009, pp.185-200

Clinical Report: Sport-related Concussion in Children and Adolescents” Halstead ME, Walter, KD and the Council on Sports Medicine and Fitness Pediatrics Volume 126, September 2010, pp.597-615

Quality Standards Subcommittee of the American Academy of Neurology The Management of Concussion in Sports (practice parameter). Neurology 1997;48:581-585

First Reading: July 28, 2011

Second Reading: August 25, 2011

HASBROUCK HEIGHTS BOARD OF EDUCATION

Hasbrouck Heights, New Jersey 07604

File Code: 3453

Policy

SCHOOL ACTIVITY FUND

The board authorizes establishment and maintenance of the Hasbrouck Heights Student Activities Fund for each school.

These funds shall consist of the moneys belonging to student activity groups recognized by the board. The principal shall submit annually a list and brief description of the objectives, activities and limitations of each group prior to the start of the new fiscal year.

In general, these groups are: student government; student clubs; student entertainment; student publications; and school classes. and school band School athletics are accounted for separately in a single fund.

The funds shall be audited annually along with other district funds and shall be administered, expended, and accounted for according to rules of the state board of education.

The student activity funds for each school shall be kept in separate accounts, supervised by the building principal and in the Junior Senior High School the Faculty Treasurer. All receipts from student fund-raising projects, and events for which admission is charged, will be deposited promptly. Disbursements must be made by check signed by the person authorized by the board of education. Separate and complete records shall be maintained for each student organization. The business administrator/board secretary shall ensure that prudent and efficient procedures are followed in handling these moneys.

An account will be submitted monthly to the school business administrator/board secretary and will include a listing of all receipts and disbursements.

A detailed ledger shall be kept indicating source of revenue and explanation of disbursements.

Funds remaining in a class account after the class graduates may be held for a specific purpose – such as reunion expenses – for a period of not more than five years. Unexpended funds shall then be transferred to the district's general funds. Funds remaining in the account of a discontinued organization or activity revert to the district's general funds.

Athletic Fund

During the school year, funds collected as gate receipts for official athletic events shall be deposited in the **general fund**. athletic association account, and shall be used to pay referee/umpire fees, entry fees and the like. Any money remaining at the end of the school year shall revert to the general fund.

At the request of the Athletic Director, funds shall be transferred from the general fund to the athletic fund to pay referee and umpire fees and entry fees shall be paid directly from the general fund, each based on the budgeted line item per school year.

The athletic account shall be the responsibility of the Athletic Director and shall be administered by him/her and reconciled by the Assistant to the School Business Administrator.

Adequate financial and bookkeeping controls shall be established, including:

- A. The books of account shall reflect the expense and income for each approved sport.
- B. All payments for athletic supplies, equipment and services shall be made through the regular purchasing procedure in accordance with board policies and state regulations, **including** referees' fees, ticket takers' fees, security personnel fees and league fees.
- C. A checking account shall be established for disbursements from the athletic fund. Each check shall be approved by the Athletic Director and appropriate building principal.
- D. All gate receipts shall be turned in to the athletic director on the date of collection so they can be safeguarded. All gate receipts shall be deposited in the bank on the date of the receipt by the business office. **within one business day by the Athletic Director.**
- E. A financial report of the athletic fund shall be submitted to the board monthly **kept on file in the Business Office.**

Date: May 22, 1990

Revised: February 27, 1997

Revised: September 30, 1999

Revised (First Reading): August 25, 2011

Received Students11-12

Teterboro			
AJ	Grade 11	High School	\$ 36,966.00
HR	Grade 1	Lincoln School	\$ 9,837.00
AR	K	Lincoln School	\$ 9,250.00
MR	Grade 11	High School	\$ 13,181.00
MT	Grade 8	Middle School	\$ 9,876.00
AT	Grade 5	Lincoln School	\$ 9,837.00
DT	K	Euclid School	\$ 9,250.00

Wood Ridge			
DA	Grade 11	High School	\$ 36,966.00

Hackensack			
AL	Grade 1	Euclid School	\$ 9,837.00

8/24/2011

Euclid:

ATTACHMENT F

Bridgette Cavanagh - Teacher in charge

Teachers:

Eileen Drago
Theresa Grillo

Subs:

Pam Lambe
MaryAnn McCann (and AM KEYS)
Mike Warren

Paras:

Sabina Valente

Subs:

Donna Villacampa
Leanne Shenloogian
Donna Wipper

Lincoln:

Donna Dussault- Teacher in charge

Teachers:

Sandy Unglert
Ronnie Marino (and AM KEYS)

Subs:

Karen Young
Jennifer Martello

Paras:

Anna DePalma
Ann Marie Ellerbrock
Marie Kistner

Subs:

Adele Albanese
Crissy Murray

Preschool:

Anna DePalma
AnnMarie Ellerbrock

ARAMONDA, TIFFANY	COUNTY
AVERSA, JULIE	COUNTY
BAHERWANI, REKHA	COUNTY

CAGIAO, LORRAINE	COUNTY
CAPOZZI, CYNTHIA	STATE
CATAPANE, JULIE	STATE

CERNEKA, JOSEPH	COUNTY
CICHY, KAREN	COUNTY
CIMILUCA, MAUREEN	COUNTY
CONDAL, LINDA	COUNTY
CONROY, MELISSA	COUNTY
CUTTITA, CATHERINE	STATE
DELCALZO, HOLLY	STATE
DELLAFAVE, KELLY	STATE
DELSOLE, CARMEN	STATE
DEMARIA, MARGARET	COUNTY
DIGIACINTO, KATHY *	COUNTY
DINALLO, GERALD	STATE
FERRANTI, JACKILYN	COUNTY
FERRARO, CHARLES	COUNTY
FINCH, MIRANDA	COUNTY
FIORAVANTI, LAUREN	COUNTY
GALLUCCI, JOANIE	STATE
GIANNI, KAITYLY	
GRAY, DIANE	COUNTY
GRILLO, THERESA	STATE
HALPERIN, ELISA	STATE
HAUGHTON, FOLAMI	COUNTY
HUGHES, NELIA	COUNTY
IDIGO, CHUKWUGOZIE	STATE
JAROCKI, SARAH	COUNTY
JAROCKI, SUE	STATE
JAWABRAH, ADALAH	COUNTY
KASPER, KELLY ANN	COUNTY
KELLY, COURTNEY	STATE
KRISHNAN, INDIRA	COUNTY
KUYLEN, KIM	COUNTY
LE FEBURE, LINDA	COUNTY
LICINI, JENNIFER *	COUNTY
LOHRMANN, JANET	COUNTY
MALLOUPIS, NICK	COUNTY

BOLD = NEW

* = PENDING RECEIPT OF PAPERWORK

MARTY, CHRIS	COUNTY
MATTERN, NANCY	COUNTY
MERTZ, MICHAEL	COUNTY
MINUTILLO, NANCY	SUB NURSE
MONTALVO, ARLENE	COUNTY
MORICI, MICHAEL	COUNTY
NYTRA, ILSA	COUNTY
OPCZYNSKI, ELAINE	COUNTY
ORLOWSKI, TADEUSZ	COUNTY
PACI, NIKKI	COUNTY
PALLADINO, LISA	STATE
PAPA, LORRAINE	STATE
PASQUALONE, HELENE	SUB NURSE
PERDOMO, RITA	SUB NURSE
PERRERA-ROSS, ANNA	COUNTY
PETROSINO, DOLORES	COUNTY
PRATO, PETER	
RENNA, LINDSAY	COUNTY
RENNA, MICHAEL *	COUNTY
RODRIGUES, JACKIE	STATE
ROMANO, VINCENT	COUNTY
ROSE, WILLIAM	COUNTY
ROSENBLUM, MICHAEL	STATE
SCANNELLA, ANTHONY	COUNTY
SCHLOEMANN, COLLEEN	COUNTY
SCHROBACK, MARK	COUNTY
SCHWARTZ, VINNIA *	COUNTY
SHERWOOD, DANIEL	STATE
SIMMS, LOLA	COUNTY
SMENTKOWSKI, MELISSA	COUNTY
SPILETSZ, ELISA	COUNTY
STAGG, CLAIRE	COUNTY
TATTOLI, LORENZO *	COUNTY
TRAINA, PETER	COUNTY
TREXLER, EDMUND 'BRADY'	COUNTY
TREXLOR, FRAN	COUNTY
TUCCI, MARIA	SUB NURSE
VALDIVIA, KRISTINA	COUNTY
VAN CUREN, GARRETT *	COUNTY
WAGNER, MARY	COUNTY
WALENSKY, J	STATE
WARREN, CHRISTINE	COUNTY
WIPPER, DONNA	COUNTY
YSRAEL, JOSEPHINE	SUB NURSE
ZUCCATO, ASHLEY	COUNTY

BOLD = NEW

* = PENDING RECEIPT OF PAPERWORK

Name	Guide Movement
Lisa Bernstein	MA + 30
Allison Daly	MA + 15
Michelle DiPiano	MA + 30 (MIF)
Jane Gay	MA + 15
Suzanne Kos	MA + 30
Abbe Lewites	MA + 30
Jennifer Martello	MA + 30
Elizabeth McGinty	BA + 15
Christine Mercandino	MA+15
Angela O'Brien	MA + 30 (MIF)
Melissa Rad	MA + 30 (MIF)
Christina Sabin	MA + 30
Ryan Smith	MA + 30
Stoebs, Mary-Grace	BA + 15
Kimberly Venneman	MA + 30
Michael Warren	MA + 30



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201 - 393 - 8171

Email: scuillam@hhschools.org

Website: www.hhschools.org/HS/Athletic/Assets/Athletic.aspx

Michael Sculla
Director of Athletics

To: Dina Messery

From: Michael Sculla

Date: 8/10/11

Re: BOE Approval

BOE approval list for school year 2011-2012 athletic events:

Donna Kolich
Nick Delcalzo
Dave Rispoli
Kathy Iappelli
Jackie Ferranti
Amanda Kistner
Joe Mastropietro
Janet Lohrmann
Michael Cebula
Kurt Freund
Michael Warren
Beth Cafferty
Debbie Latorre
Vinnie Marchese
Mike Binazeski