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Chico

October 29, 2025

VIA EMAIL

Direct Investigations Office
California Department of Education
1430 N Street, Suite 5319
Sacramento, CA 95814-5901
Email: CDEDI@cde.ca.gov

Re: **Request for Reconsideration**
Case Matter No. 2025-0123

To Whom It May Concern:

Our office represents the Tahoe Truckee Unified School District ("District" or "TTUSD") in the above-referenced matter. On or about September 29, 2025, the District received the California Department of Education's ("CDE") Investigation Report for Case Matter No. 2025-0123 ("Report"), finding that the complaint filed with CDE ("Complaint") by former student ----- ("Complainant") has merit, and ordered the District to comply with two corrective actions. We are writing to respectfully request reconsideration of the conclusion and corrective actions in the Report.

For the reasons described below, the District respectfully requests the CDE reverse its findings of non-compliance as (1) the material findings of fact are unsupported; (2) the legal conclusion in the report is inconsistent with the law; and (3) the corrective actions in the report fail to provide a proper remedy.

I. Background

By way of background, earlier this year, the Nevada Interscholastic Activities Association ("NIAA") revised its student eligibility policy to align with the current Federal administration's definition of gender, specifically "male" and "female." While NIAA previously allowed for student athletes to participate in NIAA sanctioned sports regardless of their gender status, the revised policy now defines gender based solely on biological sex, removing any consideration of gender identity. NIAA further now requires all student athletes to complete a Medical History Form as part of eligibility for their

sports team. The form must be accompanied by a Medical Eligibility Form completed by the student's physician, in collaboration with the student, designating the student's sex at birth. The form must also be signed by the student, the student's parent or guardian, and the physician or other medical provider verifying the accuracy of the student's sex at birth.

As stated in CDE's Report, the NIAA revised policy "directly conflict[s]" with California law which defines gender as sex and includes a person's gender identity and gender expression. California Education Code section 210.7 defines gender expression to mean "gender-related appearance and behavior," not just the sex assigned at birth. (Ed. Code, § 210.7.)

On or about July 3, 2025, the CDE provided the District with notice of its intention to investigate Complainant's Complaint filed on June 27, 2025, alleging concerns made at a Board Meeting held on June 25, 2025. During the meeting, the District shared that it would remain as a member of the NIAA with no immediate plans of joining the California Interscholastic Federation ("CIF") due to a need for a comprehensive financial review of a potential transition; an in-depth analysis of the impact of missed class time on students; an investigation into facility solutions for sports such as soccer and tennis, both of which would be affected by the transition from NIAA to CIF membership, a shift that would move these sports to winter seasons and create challenges due to severe local winter weather; and community engagement to ensure broad input and understanding. The Complainant alleged, in part, that "[b]y refusing to leave the NIAA, TTUSD is undermining the rights of transgender students and violating the very legal and ethical obligations that safeguard students in our state."

Pursuant to the September 29, 2025, Report, the CDE completed its investigation wherein it found that the District's decision to remain as a member of the NIAA "on its face fails to comply with Education Code sections 220 and 221.5(f), and singles out and limits one group of students based on that group's legally protected characteristics." Based on that conclusion, the following corrective actions were ordered:

1. By November 30, 2025, the District must present to the Direct Investigations Office its plan for transitioning out of NIAA effective no later than the start of the 2026-2027 school year. This shall include a plan to transition to CIF or any other athletic organization that complies with California state law and specifically EC 221.5(f).
2. By April 30, 2026, the District must present to the Direct Investigations Office confirmation that it has transitioned out of NIAA effective no later than the start of the 2026-2027 school year.

On October 16, 2025, the District requested a continuance of the dates in the above corrective actions from CDE which was denied.

II. Request for Reconsideration

At the outset, the District affirms that adherence to all applicable state and federal laws and regulations is of the utmost importance. The District submits this Request for Reconsideration in furtherance of its commitment to full compliance with such legal requirements. Accordingly, the District respectfully sets forth the following concerns regarding CDE's findings and the corresponding corrective actions identified in its Report.

A. The Material Findings of Fact In The Report Are Unsupported.

The District asserts that the material findings of fact in the Report are unsupported based on the Complaint and information responsive to it.

While the NIAA recently updated its policies to define “male” and “female” based on sex assigned at birth and not as reflected in an individual’s gender identity, as required under California law, the District is interpreting and implementing this policy in a manner consistent with California’s legal requirements. At this time, the District is not aware of any transgender youth who have expressed interest in participating in its 2025-2026 athletic programs. Additionally, TTUSD has not had an NIAA challenge to students’ reported and signed NIAA Pre-Participation Physical Evaluation (“PPE”) Form. Accordingly, the District is not currently in violation of California law, and its decision to remain a member of the NIAA will likewise not constitute a violation, at the very least for the 2025-2026 school year, while the District continues to evaluate the issues referenced above in order to make a more informed decision regarding potential membership in the CIF.

Should circumstances change, the local provider, Tahoe Forest Hospital District, has confirmed their commitment to completing the NIAA’s Pre-Participation Physical Evaluation (“PPE”) Form based on input from the student athlete, their self-reported gender identity, and their parent/guardian. The District understands this approach to be consistent with California law and nondiscrimination principles and remains committed to ensuring compliance with all applicable legal obligations in this regard.

Further, NIAA currently does not require any additional testing when completing the form, allowing the student to still select which sports team they wish to be eligible on the form that is aligned with their gender identity, even if the form itself is requiring the student to pick “male” or “female.” The local medical providers have similarly not been requiring medical documents to accompany the student’s completion of NIAA’s PPE form. (See **Exhibits A and B**, true and correct copies of NIAA PPE forms and FAQs.) If an athlete’s eligibility is questioned at any point, the matter can be resolved by the District, in collaboration with the student and their family to determine how they would like to proceed.

Given the District currently does not have any transgender students participating in its athletic programs and, even if they do, Tahoe Forest Hospital medical providers are not requiring the information specified in the NIAA’s revised policy when completing athletic medical evaluation forms, the risks contemplated by the CDE in the Report are speculative, unsupported by evidence, and not ripe for CDE’s consideration at this time. There is no evidence indicating any District students have been, or will be, harmed by the NIAA’s policy revision, or that continued membership in the NIAA for the upcoming school year would result in such harm. While the District acknowledges that circumstances can change in the future, it remains firmly committed to working collaboratively with any affected students to ensure compliance with applicable state and federal laws, and to safeguard the rights, safety, and well-being of all students enrolled in its schools.

Further, the District notes that Complainant did not have standing to bring the Complaint that resulted in CDE intervention as the Complainant is not connected to a party in interest. The Complainant, -----, filed the Complaint. As such, the

Complainant was not a student whose eligibility was challenged by NIAA's revision. CDE, therefore, did not have proper standing to intervene in this matter, including completing an investigation and, more importantly, ordering the District to comply with corrective actions. The District is mindful that a transition to CIF membership, as required by the corrective actions outlined in the Report, will have a significant impact on a substantial number of student athletes across the District. The District respectfully disagrees that it should be compelled to make such a change based on a Complaint that lacked standing and alleged speculative risks or harms to students that are not presently occurring. In fulfilling its obligations, the District must balance the interests and well-being of all of its students. In contrast to the speculative concerns identified in the Report, there is direct and credible evidence that students will experience actual and substantial harm if the District is required to withdraw from the NIAA at this time.

B. The Legal Conclusion In The Report Is Inconsistent With The Law

Education Code sections 220 and 221.5(f) provide protections to students from discrimination based on gender, gender identity, gender expression, and sexual orientation. (Ed. Code, § 220.) Section 220 states, in relevant part:

No person shall be subjected to discrimination on the basis of disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code, including immigration status, in any program or activity conducted by an educational institution that receives, or benefits from, state financial assistance, or enrolls pupils who receive state student financial aid.

Education Code section 221.5(f) permits students to participate in the athletic team consistent with their gender identity, irrespective of their sex as assigned at birth. (Ed. Code, § 221.5.) Section 221.5(f) states:

A pupil shall be permitted to participate in sex-segregated school programs and activities, including athletic teams and competitions, and use facilities consistent with his or her gender identity, irrespective of the gender listed on the pupil's records.

As stated above, the District is not aware of any transgender students who are intending on participating in its athletic programs for the 2025-2026 school year. While the District understands the NIAA's recent policy revisions may conflict with certain provisions of California law, the District maintains that it can, and will, continue to comply with California legal requirements while remaining a member of the NIAA. This position is supported by the fact that the local medical providers have affirmed their commitment to working collaboratively with student athletes in completing the NIAA required PPE forms, without requiring or collecting any additional medical information beyond what the NIAA form mandates. Accordingly, the District's continued participation in the NIAA does not, in and of itself, result in noncompliance with California law. Specifically, there is no evidence that the District is in violation of Education Code section 221.5(f), as provided above, nor is there any evidence that the District will be required to exclude any student from participation in its athletic programs

consistent with that student's gender identity, notwithstanding the recent policy revisions adopted by the NIAA.

C. The Corrective Actions In The Report Fail To Provide A Proper Remedy

In addition to the foregoing, the corrective actions identified in the Report improperly found the District out of compliance based on a circumstance that has not yet occurred and that the District has no reason to anticipate will occur in the next school year. Accordingly, requiring the District to withdraw from the NIAA, with the attendant logistical challenges and potential safety risks for students, renders the corrective actions both harmful and counterproductive. Because these actions create real and foreseeable detriment to students without addressing any actual or imminent legal violation, they cannot be considered a proper or appropriate remedy under California law.

The District has been with NIAA for over 40 years. It joined the organization to keep students safe as traveling to schools in California can be dangerous during the winter months, exposing students to potential road closures and hazardous conditions. Such dangers had an impact on students participating in sporting events and increased the likelihood of game cancellations due to weather conditions. The District feels that such dangers will be presented again and will cause a significant disruption to students if the District is required to join the CIF. Further, the District's departure from NIAA will result in increased costs to the District's athletic program, loss of instructional time for students due to increased travel distances, and the forfeiture and disruption of long-standing rivalries, established sports programs, and community involvement that has been cultivated over several years. (See **Exhibit C**, a true and correct copy of a letter from Sparks High School dated May 12, 2025.)

Further, as previously stated in the District's request for continuance letter to CDE, CIF has already begun scheduling games for the 2026-2027 school year. As the District is not currently part of the CIF, the District has not been included in, nor had the opportunity to participate in, these conversations. As such, requiring the District to join the CIF late in the year, as mandated by the corrective actions, would place its athletics programs at significant risk of inappropriate league placement. District schools will be assigned based on availability rather than alignment with the competitiveness and needs of the District's athletic programs, resulting in further disruption to students, teams, and program integrity. (See **Exhibit D**, Declaration of Kerstin Kramer.)

The corrective actions fail to provide an appropriate remedy, as they would cause harm and disruption to District students in order to address hypothetical concerns for a group of students who are not currently experiencing any harm from the District's continued participation in the NIAA. The District maintains that it can remain in full compliance with California law while remaining a member of the NIAA. While the District was frustrated to learn of the NIAA's recent policy revisions, it must balance its concerns against the well-being of all students, a larger number of whom will be adversely affected by the implementation of the corrective actions.


Direct Investigations Office
California Department of Education
October 29, 2025
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III. Conclusion

For the reasons stated above, the District respectfully requests the CDE reconsider its conclusions, find the District in compliance, and withdraw the corrective actions identified in the Report. Please let us know if you require any additional information. We look forward to your response.

Sincerely,

DANNIS WOLIVER KELLEY



Matthew P. Juhl-Darlington

cc: Kerstin Kramer, Superintendent Chief Learning Officers, TTUSD
Dr. Annamarie Cohen, Executive Director of Student Services, TTUSD

Attachments: Exhibit A: NIAA PPE Forms
Exhibit B: NIAA PPE Forms FAQs
Exhibit C: Letter from Sparks High Schools dated May 12, 2025
Exhibit D: Declaration from Kerstin Kramer

EXHIBIT A

DO NOT SHARE this form with schools or sports organizations. It should be placed into the athlete's medical file.

The Medical Eligibility Form (PAGE 7) is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another history form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Birth Sex (M/F): _____ Differences of Sex Development (DSD) Y/N: _____ Comment: _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of >3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

DO NOT SHARE this form with schools or sports organizations. It should be placed into the athlete's medical file.

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain “Yes” answers here.

[illegible]

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

Este formulario debe colocarse en el expediente médico del atleta y **no debe compartirse con escuelas u organizaciones deportivas**. El formulario de elegibilidad médica es el único formulario que debe enviarse a una escuela u organización deportiva.

Aviso legal: Los atletas que tengan una evaluación física de preparticipación vigente en el archivo (según los lineamientos generales estatales y locales) no necesitan completar otro formulario de antecedentes.

■ EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN (orientación provisional)

FORMULARIO DE HISTORIAL CLÍNICO

Nota: Complete y firme este formulario (con la supervisión de sus padres si es menor de 18 años) antes de acudir a su cita.

Nombre: _____ Fecha de nacimiento: _____

Fecha del examen médico: _____ Deporte(s): _____

Sexo de nacimiento (M/F): _____ Diferencias en el Desarrollo Sexual (DSD) Sí/No _____ Comentarios _____

Mencione los padecimientos médicos pasados y actuales que haya tenido. _____

¿Alguna vez se le practicó una cirugía? Si la respuesta es afirmativa, haga una lista de todas sus cirugías previas. _____

Medicamentos y suplementos: Enumere todos los medicamentos recetados, medicamentos de venta libre y suplementos (herbolarios y nutricionales) que consume. _____

¿Sufre de algún tipo de alergia? Si la respuesta es afirmativa, haga una lista de todas sus alergias (por ejemplo, a algún medicamento, al polen, a los alimentos, a las picaduras de insectos). _____

Cuestionario sobre la salud del paciente versión 4 (PHQ-4)

Durante las últimas dos semanas, ¿con qué frecuencia experimentó alguno de los siguientes problemas de salud? (Encierre en un círculo la respuesta)

	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
Se siente nervioso, ansioso o inquieto	0	1	2	3
No es capaz de detener o controlar la preocupación	0	1	2	3
Siente poco interés o satisfacción por hacer cosas	0	1	2	3
Se siente triste, deprimido o desesperado	0	1	2	3

(Una suma >3 se considera positiva en cualquiera de las subescalas, [preguntas 1 y 2 o preguntas 3 y 4] a fin de obtener un diagnóstico).

PREGUNTAS GENERALES

(Dé una explicación para las preguntas en las que contestó "Sí", en la parte final de este formulario. Encierre en un círculo las preguntas si no sabe la respuesta).

Sí No

1. ¿Tiene alguna preocupación que le gustaría discutir con su proveedor de servicios médicos?

2. ¿Alguna vez un proveedor de servicios médicos le prohibió o restringió practicar deportes por algún motivo?

3. ¿Padece algún problema médico o enfermedad reciente?

PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR

Sí No

4. ¿Alguna vez se desmayó o estuvo a punto de desmayarse mientras hacía, o después de hacer, ejercicio?

PREGUNTAS SOBRE SU SALUD

CARDIOVASCULAR (CONTINUACIÓN)

Sí No

5. ¿Alguna vez sintió molestias, dolor, compresión o presión en el pecho mientras hacía ejercicio?

6. ¿Alguna vez sintió que su corazón se aceleraba, palpitaba en su pecho o latía intermitentemente (con latidos irregulares) mientras hacía ejercicio?

7. ¿Alguna vez un médico le dijo que tiene problemas cardíacos?

8. ¿Alguna vez un médico le pidió que se hiciera un examen del corazón? Por ejemplo, electrocardiografía (ECG) o ecocardiografía.

9. Cuando hace ejercicio, ¿se siente mareado o siente que le falta el aire más que a sus amigos?

10. ¿Alguna vez tuvo convulsiones?

Este formulario debe colocarse en el expediente médico del atleta y no debe compartirse con escuelas u organizaciones deportivas.

PREGUNTAS SOBRE LA SALUD CARDIOVASCULAR DE SU FAMILIA	Sí	No
11. ¿Alguno de los miembros de su familia o pariente murió debido a problemas cardíacos o tuvo una muerte súbita e inesperada o inexplicable antes de los 35 años de edad (incluyendo muerte por ahogamiento o un accidente automovilístico inexplicables)?		
12. ¿Alguno de los miembros de su familia padece un problema cardíaco genético como la miocardiopatía hipertrófica (HCM), el síndrome de Marfan, la miocardiopatía arritmogénica del ventrículo derecho (ARVC), el síndrome del QT largo (LQTS), el síndrome del QT corto (SQTS), el síndrome de Brugada o la taquicardia ventricular polimórfica catecolaminérgica (CPVT)?		
13. ¿Alguno de los miembros de su familia utilizó un marcapasos o se le implantó un desfibrilador antes de los 35 años?		
PREGUNTAS SOBRE LOS HUESOS Y LAS ARTICULACIONES	Sí	No
14. ¿Alguna vez sufrió una fractura por estrés o una lesión en un hueso, músculo, ligamento, articulación o tendón que le hizo faltar a una práctica o juego?		
15. ¿Sufre alguna lesión ósea, muscular, de los ligamentos o de las articulaciones que le causa molestia?		
PREGUNTAS SOBRE CONDICIONES MÉDICAS	Sí	No
16. ¿Tose, sibila o experimenta alguna dificultad para respirar durante o después de hacer ejercicio?		
17. ¿Le falta un riñón, un ojo, un testículo (en el caso de los hombres), el bazo o cualquier otro órgano?		
18. ¿Sufre dolor en la ingle o en los testículos, o tiene alguna protuberancia o hernia dolorosa en la zona inguinal?		
19. ¿Padece erupciones cutáneas recurrentes o que aparecen y desaparecen, incluyendo el herpes o Staphylococcus aureus resistente a la meticilina (MRSA)?		

PREGUNTAS SOBRE CONDICIONES MÉDICAS (CONTINUACIÓN)	Sí	No
20. ¿Alguna vez sufrió un traumatismo craneoencefálico o una lesión en la cabeza que le causó confusión, un dolor de cabeza prolongado o problemas de memoria?		
21. ¿Alguna vez sintió adormecimiento, hormigueo, debilidad en los brazos o piernas, o fue incapaz de mover los brazos o las piernas después de sufrir un golpe o una caída?		
22. ¿Alguna vez se enfermó al realizar ejercicio cuando hacía calor?		
23. ¿Usted o algún miembro de su familia tiene el rasgo drepanocítico o padece una enfermedad drepanocítica?		
24. ¿Alguna vez tuvo o tiene algún problema con sus ojos o su visión?		
25. ¿Le preocupa su peso?		
26. ¿Está tratando de bajar o subir de peso, o alguien le recomendó que baje o suba de peso?		
27. ¿Sigue alguna dieta especial o evita ciertos tipos o grupos de alimentos?		
28. ¿Alguna vez sufrió un desorden alimenticio?		
ÚNICAMENTE MUJERES	Sí	No
29. ¿Ha tenido al menos un periodo menstrual?		
30. ¿A los cuántos años tuvo su primer periodo menstrual?		
31. ¿Cuándo fue su periodo menstrual más reciente?		
32. ¿Cuántos periodos menstruales ha tenido en los últimos 12 meses?		

Proporcione una explicación aquí para las preguntas en las que contestó "Sí".

Por la presente declaro que, según mis conocimientos, mis respuestas a las preguntas de este formulario están completas y son correctas.

Firma del atleta: _____

Firma del padre o tutor: _____

Fecha: _____

DO NOT SHARE this form with schools or sports organizations. It should be placed into the athlete's medical file.

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	Birth Sex (M/F):
SRY Screen Result* (optional) <input type="checkbox"/> SRY+ <input type="checkbox"/> SRY-		
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, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

* A positive SRY result will only be eligible for boy's sports on the Medical Eligibility Form unless cleared to have no male androgenization (e.g. CAIS).

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, PA or DC

DO NOT SHARE this form with schools or sports organizations. It should be placed into the athlete's medical file.

■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

Submit this form ONLY (page 7) to the school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____ Date of exam: _____

Birth Sex Per Patient History (M/F): _____ ☐ Medically eligible for girls sports ☐ Medically eligible for boys sports

"Male" means a person belonging to the sex intended to produce the small reproductive cell. "Female" means a person intended to produce the large reproductive cell.

I have reviewed the History Form for the student named on this form and will provide all relevant information below. The information provided below will be used to assist athletic personnel, which may include but is not limited to an athletic administrator, athletic director, and/or athletic trainer, in the supervision and treatment of the student named on this form.

INITIALS of Health Care Professional: _____

Allergies: _____

Medications: _____

Medical Conditions and/or Surgeries: _____

Any relevant YES answers on History Form: _____

MARK ONE:

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ **Date:** _____

Address: _____ **Phone:** _____

SIGNATURE of Health Care Professional: _____, MD, DO, NP, PA or DC

Health Care Professional License Number: _____

EXHIBIT B



Nevada Interscholastic Activities Association

1188 Victorian Plaza Circle · Sparks, Nevada 89431 · (775) 453-1012 · www.niaa.com

NIAA Pre-Participation Physical Evaluation Form - FAQs

The NIAA Board of Control approved updated language to the American Academy of Pediatrics Preparticipation Physical Evaluation forms on April 2, 2025, to align with the newly adopted NIAA Student Eligibility and Participation Position, approved on the same date. Below are responses to frequently asked questions regarding the updated language.

What revisions were made to the forms?

Medical professionals are now required to indicate the student's "Birth Sex Per Patient History" and check either "Medically eligible for girls sports" or "Medically eligible for boys sports", based on the student's birth sex, on the Medical Eligibility Form. Additionally, medical professionals must initial the Medical Eligibility Form, confirming they have reviewed the student's History Form and provided all relevant medical information to the school to support athletic personnel in supervising and caring for the student-athlete.

Why were these changes made?

The updates were made to comply with Title IX of the Educational Amendments of 1972, 20 U.S.C. §1681 ("Title IX"), and Executive Orders issued by President Trump that ensure biological males do not participate in girls' sports. The new initial requirement was added in response to recent incidents in Nevada in which critical medical information was not properly completed on the Medical Eligibility Form.

What if the student's gender identity differs from the student's birth sex?

The medical professional is only required to identify on the Medical Eligibility Form the student's biological sex. This is necessary to ensure that biological male students participate against other biological male students, and do not participate in girls' sports.

Is the medical professional required to perform any new testing with these revisions?

No. These revisions do not require any additional testing. Medical professionals must complete the Medical Eligibility Form in full, based on the student's history provided by the student as well as their parent or guardian, and the physical examination, typically conducted for sports clearance.

What if my medical professional will not complete the revised section?

A fully completed Medical Eligibility Form is required for participation in NIAA-sanctioned athletic programs. We recommend confirming in advance that your provider will complete the updated form before scheduling the physical.

What other changes have been made to the Medical Eligibility Form?

The NIAA Board of Control approved relocating the section that identifies critical medical information, such as allergies and medications, to appear above the healthcare professional's signature. Additionally, the language for "Other Information" was clarified to include "Medical Conditions and/or Surgeries" and "Any relevant YES answers on History Form". These changes ensure that medical professionals have the opportunity to provide critical information, as appropriate, enhancing the NIAA's ability to support the safe participation of student-athletes.

EXHIBIT C

Dr. Joe Ernst
Superintendent

Kris Hackbush
Associate Chief

CJ Waddell
Principal

Robert Alesevich
Assistant Principal

Sparks High School
820 Fifteenth Street
Sparks, NV 89431
775-321-3130
Fax 775-353-5514

Nicholl Johnson
Assistant Principal

Robert Kittrell
Assistant Principal

Dominic Green
Dean of Students

Joe Anglemire
Dean of Students

Date: 5/12/2025

Tahoe Truckee Unified School District Board of Trustees
P.O. Box 20000
Truckee, CA 96162

Re: Request for Immediate Decision Regarding Truckee High School's Athletic Affiliation

Dear Members of the TTUSD Board of Trustees,

I am writing to respectfully urge the Board to make a timely decision regarding Truckee High School's continued participation in the Nevada Interscholastic Activities Association (NIAA) or potential transition to the California Interscholastic Federation (CIF).

At this point, fall athletic schedules for the upcoming season have been finalized with or without Truckee High School, and the lack of a clear decision has created significant challenges for the completion of non-league scheduling for numerous schools and athletic programs. Athletic directors and coaches across the region are in the final stages of confirming games and events, and the uncertainty surrounding Truckee's affiliation is complicating these efforts.

Truckee High School has long been a valued and competitive member of the NIAA. Their teams have consistently contributed to the strength, sportsmanship, and tradition of high school athletics in Northern Nevada. In my opinion, moving to the CIF would have long-lasting negative impacts on Truckee's athletic programs — including increased travel demands, diminished historic rivalries, and a loss of identity within a league that has served its student-athletes well for decades.

I understand this is a complex decision with many factors at play. However, for the sake of the student-athletes, coaches, and athletic programs affected by this uncertainty, I respectfully request that the Board prioritize an immediate resolution.

Thank you for your attention to this matter and for your continued commitment to the welfare of student-athletes in our region.

Sincerely,

Rob Kittrell (CAA)



3A President

Sparks High Athletic Administrator

EXHIBIT D

DECLARATION OF KERSTIN KRAMER

I, Kerstin Kramer, declare as follows:

1. I am over the age of 18 and know the facts stated in this declaration to be true and correct based on personal knowledge, or state them upon information and belief which I believe to be true. If called upon to testify as to the facts contained herein, I could and would be able to competently do so.
2. I am submitting this declaration in support of the District's Request for Reconsideration, in response to the California Department of Education's ("CDE") Investigation Report, Case Matter No. 2025-0123, concerning the complaint filed by former student -----("Complainant").
3. I am the Superintendent Chief Learning Officer for the Tahoe Truckee Unified School District ("TTUSD" or "District").
4. On or about May 14, 2025, I, and other District staff, met with Mike Garrison, the Commissioner for the Sac Joaquin Section of the California Interscholastic Federation ("CIF") and other members of CIF in-person to obtain information as to CIF as an organization, and what a transition from the Nevada Interscholastic Activities Association ("NIAA") to CIF would entail.
5. During that meeting, Mr. Garrison provided the structural differences between CIF and NIAA and outlined whether those differences would impact District students. The team spent a significant amount of time discussing what CIF leagues District schools could be placed in should the District join CIF.
6. The team discussed that the Pioneer Valley League ("PVL") would be the best fit for Truckee High School and the Sierra Delta League would be the best fit for North Tahoe High School. PVL, however, is small and is it not clear whether Truckee High School would be able to join that league without moving other districts' schools into different leagues. CIF, however, completes its league realignment every four years, making the next one effective for the 2028-2029 school year, with initial scheduling discussions beginning in January 2026. Commissioner Garrison stated that it would be ideal if TTUSD could switch to CIF starting in the 2028-2029 school year. That would allow time to plan appropriately for league placement for the entire Sac Joaquin Section. This would minimise disruption to the other school districts in the Sac Joaquin Section and allow both TTUSD high schools to have the best placements. CIF will possibly change to a conference model, but that change will not happen until the 2028-2029 school year. CIF anticipates that such a change will allow for a better experience for student athletes and geographically align districts to decrease travel time for student athletes.
7. Another league, the Foothill Valley League ("FVL") was discussed as the current placement option for Truckee High School if TTUSD switches to CIF prior to the 2028-2029 school year. Placement in that league would potentially destroy some athletic programs at Truckee High School, per the win/loss records from the last five years of schools in that league compared to the win/loss records for Truckee High School in NIAA. The FVL schools are larger and generally are more competitive than the TTUSD athletic programs.

8. The team discussed the challenge of integrating soccer into the CIF, which classifies it as a winter sport. This classification poses a significant problem for TTUSD schools, as heavy winter snowfall makes holding practices and games in the region extremely difficult, if not impossible.

To navigate this, North Tahoe High School staff considered modifying their schedules to play soccer in the fall and spring. However, this solution has a major drawback: CIF only holds its state championships for the winter soccer season.

9. Finally, the team discussed that at this time, and if the District joined CIF now, no CIF league would be able to give District schools a full complement of games during the 2025-2026 school year. CIF would allow TTUSD schools to be independent for one year only and still qualify for playoffs. Not fully participating in one league will cause further disruption to District students and risk them not being able to fully participate in the athletic program, or at the very least, games in an appropriate league placement.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signed this 28th day of October 2025 at Truckee, California.

A handwritten signature in black ink that reads "Kerstin Kramer". The signature is fluid and cursive, with a small dot above the "i" in "Kerstin".

Kerstin Kramer
Superintendent Chief Learning Officer
Tahoe Truckee Unified School District