| ***Course Description:*** | | Health Education provides students with the knowledge and skills they need to maintain health and wellness throughout their lifetime. It provides real life learning experiences with personal applications of scientifically research-based health knowledge and skills in relevant situations. Health Education creates opportunities and experiences that engage and challenge young people to assess, explore, and question their health, while personalizing, adapting and evaluating their learning. |  |
| --- | --- | --- | --- |
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| ***Course Objectives:*** | | 1. Motivate students to improve their health, prevent disease, and avoid or reduce health related risk behaviors through health literacy. 2. Motivate students to maintain and enhance personal health and fitness, create safe environments, and manage personal and community resources. |  |
| ***Classroom Expectations:*** | | You are expected to conduct yourself in a respectful and productive manner. In addition to all the rules and expectations listed in the student handbook, I expect you to have a positive attitude, treat others with respect, practice self-discipline, and demonstrate responsibility. If these conditions are not met, you can expect one-on-one meetings with me, parent/instructor conferencing, and administrative action, if necessary.  **Concerning the use of cell phones and other electronic devices:**  Madison City Schools has a new cell phone policy for the upcoming school year, aligning with the [Alabama Focus Act](https://www.google.com/search?safe=active&sca_esv=b729f3036b67240b&q=Alabama+Focus+Act&sa=X&ved=2ahUKEwiHwMWSueeOAxWs5ckDHVGGFKoQxccNegQIHxAB&mstk=AUtExfAQjEBXwGprYHUFiAKdICsG_g76RaA_Gvzrj2liB4B9W2TKcJmLKAuF5BdYiwUPDfZRAPIYGaXr9_HT51_gkWWZrT7svo7RG2RO0t-S4ZLhbCXLGV-F9twmF-DKsdn6XJM&csui=3). Students will be allowed to bring cell phones to school, but they must be powered off and stored in a backpack or bag for the entire instructional day, with exceptions for emergencies and documented medical needs. Phones may not be placed on student desks. Parents, guardians, and other family members should call the front office in case of emergency.  If you violate this rule, you can expect the following consequences:   * *First offense* – Teacher warning * *Second offense* – Administration referral / 1 Day of In-School Suspension (ISS) * *Third offense* – 2 Days of In-School Suspension (ISS) * *Fourth offense* – Out-of-School Suspension (OSS) |  |
| ***Grading Policy:*** | | Major assessments will count 70 percent of your grade. Homework and classwork will account for 30 percent of your grade. Grades will be updated weekly in PowerSchools. Each grading period will consist of nine weeks. |  |
|  | |  |  |
| ***Make-up Work Policy:*** | | Make-up tests will **only** be given to a student who has an **excused absence**. **The student must make arrangements with the teacher to take a make-up test.**  Homework/Classwork: Students who are absent for **excused reasons** will be permitted to make up missed work. **It is the student’s responsibility to get their work assignments the day upon return to school and complete the assignments within three days of the date of the last absence**. Grades of zero will be assigned for assignments missed because of unexcused absences. |  |
| ***Text and Other***  ***Required Reading:*** | | The literature for this course will be provided via Powerpoint presentation slides and chapter sections from several health sources. |  |
|  | |  |  |
| ***Materials and***  ***Supplies Needed***  ***Laptops***  ***Accommodations*** | | 1. SchoolComputer 2. Wide-ruled spiral notebook 3. Pencil / Pen   Concerning laptop utilization: 1.Student laptops should not be hard-wired to the network or have print capabilities. 2. Use of discs, flash drives, jump drives, or other USB devices will not be allowed on Madison City computers. 3. Neither the teacher, nor the school is responsible for broken, stolen, or lost laptops. 4. Laptops and other electronic devices will be used at the individual discretion of the teacher.  Requests for accommodations for this course or any school event are welcomed from students and parents. |  |
| **9 – WEEK PLAN\*** | | | |
| **Week 1** | **Introduction to Health Education** | | |
| **Week 2** | **Leading a Healthy Life** | | |
| **Week 3** | **Skills for a Healthy Life** | | |
| **Week 4** | **Physical Fitness** | | |
| **Week 5** | **Nutrition** | | |
| **Week 6** | **Substance Abuse & Diseases** | | |
| **Week 7** | **Stress** | | |
| **Week 8** | **Mental Emotional Health / Mental Health Problems** | | |
| **Week 9** | **Weight Management & Eating Disorders/Final Exam** | | |

**\*This is a tentative plan and may change at the discretion of the teacher.**

**Please sign below to acknowledge that you have received, read, and understood the Health Education Syllabus.**

**Student name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian, please provide two ways for me to contact you (email address, phone numbers):**

Parent/guardian Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_