**WAPPINGERS JUNIOR HIGH - HEALTH 8** (J241- no prerequisite/.25 credit/10 weeks)

Course Syllabus Mr. Rowan

Mission Statement:

WJHS Mission Statement: “To provide a safe, varied, and supportive learning environment by establishing partnerships with school, home and community in order to encourage all students to succeed, work to their highest potential, have good attendance, respect, responsibility and a positive attitude.”

Note: This course is State mandated.

8th grade Health is the study of life skills that allows students to succeed in school and in the community by promoting their personal health and development. Class will be building upon the 7th grade curriculum and

exploring some new issues with greater depth and discussion.

Teacher Information:

Name: Sean Rowan

Phone #: 298-5200

Email: sean.rowan@wcsdny.org

Website: https://www.wappingersschools.org/Domain/2454

Topics:

Mental Health Communicable diseases

Social/communication skills Sexually Transmitted Infections

Drugs and Substance Abuse including HIV/AIDS

At-Risk Behaviors

Textbook: (2007). TEEN HEALTH (Course 3): Glencoe/McGraw-Hill.

Resources: Internet

Supplies:

A writing utensil

Single subject notebook

Pocket folder

Classroom rules:

1. Students will act in a responsible manner and abide by the rules outlined in the student code of behavior.

2. Students will be trustworthy and respectful of their peers and not gossip (or tease) about information shared in class.

3. Students will show care and be respectful of their peers when expressing their opinions.

4. Students will be respectful of their peers and teacher by listening attentively when others are speaking.

5. Students will exhibit good citizenship, including refraining from defacing school property. (ex. writing on desks and in textbooks)

Expectations:

1. Students are expected to complete assignments/projects in the time allotted in class. Students who need extended time or who were absent need to see me. Failure to turn in an assignment, regardless of the reason, or failure to put your name on an assignment, will result in a zero for that assignment. All late work from the first “7 weeks” must be turned in by the due date of the grade sheet (see #3 below) and will not be accepted after that time. Work from the Drug Unit will be not be accepted once there are 3 days remaining in the quarter. Late penalties will be assessed.

2. Students are expected to be on time to class, prepared to learn, and working to the best of their ability. This is reflected in the participation grade.

3. Students are expected to return grade sheets with parent signatures (or an email reply to emailed reports, when a parent email is provided). These notices are sent out about the 7th week of the quarter. Students are also expected to return the daily sheets with a parent signature as they are assigned (approximately every 10 class days).

Grading:

**Classwork: Signatures**

6 Life Skills Thinking Maps Syllabus/Contact sheet

STI Research Daily Do Now Sheet signatures

6 Drug Classification Thinking Maps “7 week” grade report signature

2 Article Summaries

Decision Making Assignments **Participation**

 Exit Tickets

Daily Do Now Sheets

**Final Exam**

**=Total points/grade**

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health 8**

**Mr. Rowan**

**Please make sure you have read all of the course syllabus. Please sign this sheet and return it to me with the contact information of the parent I should contact if necessary. Please be advised that an email is the most efficient means of contact – please provide an email if at all possible. Thank you for your cooperation.**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁯ resides with student/primary residence of student (check box if yes)

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

Parent/Guardian Work/Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Secondary E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

**Please review the following guidelines for success with your student:**

1. **Please be respectful and responsible.**
2. **Please be on time and prepared to learn.**
3. **Please complete assignments as assigned or see the teacher to discuss options.**
4. **Please return -**

 **contact sheet (week 1)**

 **grade sheet (week 7)**

 **do now sheets (approx. every 5 school days)**

 **with parent signature(s).**

**Thank you for your support at home!**