

WELCOME TO HIGH SCHOOL HEALTH!!!

This semester we will cover a variety of topics which I hope you will find very interesting.

EXPECTATIONS:

1) **RESPECT.** Health topics may be sensitive issues for some students. Respect the teacher, students, and all objects in the classroom.

2) **NO PUT DOWNS!**

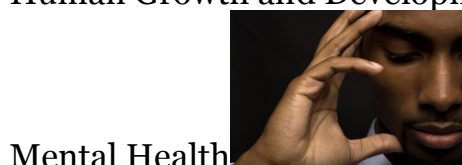
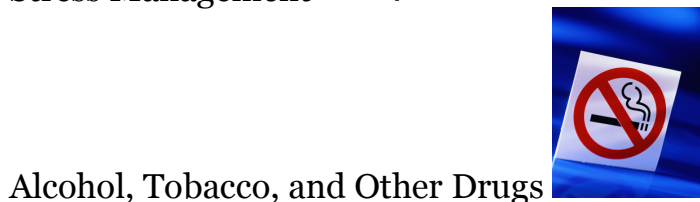
3) **COME PREPARED EVERYDAY:** These are the supplies you will need each day for health class. You may lose participation points if you are not prepared.

1. **Three Ring Binder**

2. **Spiral Notebook** (this will serve as a **daily journal and class notebook**)

3. **Pen or Pencil**

Class Outline:



Grading Policy: (Late assignments will be docked 5 points for each school day)

Exams & Projects- 25%

Journal/Classwork- 25%

Quizzes & HW- 25%

Participation 25% (Participation grade is based on **daily attendance, preparedness, and participation** in class. You can earn four participation points per day)

Participation- If you are late to class you will be docked one participation point automatically, the only way to avoid this is to bring an PASS with you when you come late to class.

WHILE YOU WERE OUT

If you miss a class you will earn a zero for that day. You may make up these participation points, if you have an **excused absence** by completing a current event summary. See Mrs. Jones after you have missed a class to get the assignment.

CLASSROOM WEBSITE- You and your parents will find it very useful as there are various links to homework assignments, e-mail, and a mailing list which will keep you informed of upcoming projects or exams.

The URL for the classroom website is:

<http://sites.google.com/site/shshealthjones>

I look forward to a great semester!

Mrs. Jones

HOMEWORK ASSIGNMENT #1!!!

Please have your parents fill out and sign the bottom of this worksheet. Return for a 100 next class! (5 points will be taken off for each day it is late.)

Student's name (please print) _____

Parent's Name (please print) _____

HOME PHONE # _____ PARENT/GUARDIAN CELL PHONE # _____

EMAIL _____ Parent Signature _____

Please check the box below to indicate your preferred method of contact:

Home Phone

Cell Phone

E-Mail