

**Marvin Ridge Health & Physical Education Department**

***Mission:*** *To motivate students to participate in a regular lifelong personal fitness program and encourage responsible health decisions.*

**Course:** Health and P.E.

**Instructors:** *Ms. Skylar Brosse, Ms. Kelly Koier, Mr. Kevin Mack, Mr. Cameron Starr*

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**Course Requirements:** 1. Marvin Ridge P.E. Uniform

2. One 3 Ring Binder

3. Dividers for 3 Ring Binder- 4 Total

 4. Headphones

 5. Chrome Notebook

**Course Content:** Students will be taught the North Carolina Healthful Living Common Core Essential Standards: <http://www.ncpublicschools.org/acre/standards/new-standards/>

**Health Content:** The five essential health standards that will be addressed:

1st Grading Period: Nutrition and Physical Activity (NPA)

 Personal and Consumer Health (PCH)

 2nd Grading Period: Alcohol, Tobacco, and Other Drugs (ATOD)

 3rd Grading Period: Mental and Emotional Health (MEH)

 Interpersonal Communications and Relationships (ICR)

**Physical Education Content:** The four essential physical education standards that will be addressed are;

1. Health-Related Fitness (HF)

2. Movement Concepts (MC)

3. Motor Skills (MS)

4. Personal and Social Responsibility (PR)

**Classroom Assignment Expectations**:

 1. Students will use Turnitin.com to submit work.

*When using information from outside sources, students must correctly cite the source in order to receive full credit.* ***Plagiarized work will receive a 0 grade****.*

2. All projects and assignments are to be completed on time to receive credit. Late assignments will not be accepted. There are specific rubrics for presentations and projects that must be followed in order to receive full credit.

**Grading:** Each grading period students will spend approximately 15 days studying Health content and participate in approximately 15 days of Physical Education. A Student’s final grade will be calculated based on the total number of points earned in P.E. and in Health. At the end of the semester there will be a final exam that is worth 25% of the semester grade.

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|  **Physical Education: 375 points per grading period** |

**Total Points Possible Per Day 25 points**

MRHS PE Uniform *5 points*

Daily Warm-Up *5 points*

Daily Physical Activity *10 points*

Following Procedures *5 points*

\*students will need to complete a PE recovery form if they are absent to receive the points for that day

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| **Health: 375 points per grading period** |

Health Menu: 250 points

Notebook Check: 25 points

3 week Unit Test: 25 points

Following Classroom Procedures 75 points/5 points per day

**Total Possible Points for the Course**

Health: 375 points

Physical Education: 375 points

**Total Points Possible: 750 points**

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I have read and understand the course requirements for health and PE.

By signing below you, the student, acknowledge that you have read the syllabus and curriculum guide for this course and understand the expectations, roles, and responsibilities required of you. You also acknowledge that you have read the student handbook and district and school policies and agree to conduct yourself in the manner that is outlined in those documents.

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

By signing below you, the parent(s)/guardian(s), acknowledge that you have read the syllabus and curriculum guide for this course and understand the expectations, roles, and responsibilities required of the student. You also acknowledge that you have read the student handbook and district and school policies and understand that the student is to behave in the manner that is outlined in those documents.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please inform us of any health concerns or needs that your child may have:**

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