



Name _____

ANATOMY AND PHYSIOLOGY SYLLABUS

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CONTACT INFORMATION: 423-745-8633 EXT 5913

I have attached a summary of the course descriptions, but if you would like a more detailed description of what your child will learn in my class, please use the following instructions to access the State of Tennessee's Department of Education website and view the standards and competencies for each course:

- Go to <http://www.tennessee.gov/education>
- Click on the For Students and Families on the page
- Click on Career Technical Education
- Click on the left side of the page (career clusters & standards)
- Find Health Science cluster, from there you need to look at the Therapeutic Services
- Find the subject your child is enrolled in and open the standards and competency profile for your review. I offer Medical Therapeutics, Anatomy & Physiology and Clinical Internship.
- If you cannot access this website and would like to have a hard copy of these competencies, please contact me, and I will send you one. *The course class code for Anatomy & Physiology for the 2020-2021 school year is C14H09.*

COURSE PACING

1st 9 weeks: HOSA, NTHS AND SAFETY - Required for class

ORGANIZATION OF THE HUMAN BODY – Standards 1-3

SUPPORT AND MOVEMENT- Standards 4-8

2nd 9 weeks: COMMUNICATION, CONTROL AND INTERGRATION-Standards 9-12

RESPIRATION, TRANSPORTATION, AND DEFENSE- Standards 13-16

3rd 9 weeks: RESPIRATION, TRANSPORTATION, AND DEFENSE- Standards 17-20

NUTRITION AND EXCRETION- Standards 21-24

4th 9 weeks: REPRODUCTION, GROWTH, AND DEVELOPMENT- Standards 25-26

COURSE DESCRIPTION: This course is an upper level course designed to develop an understanding of the structures and functions of the human body, while relating those to knowledge and skills associated with pathophysiology. Upon completion of this course, proficient students will be able to (1) apply the gross anatomy from earlier courses to a deeper understanding of all body systems, (2) identify the organs and structures of the support and movement, (3) relate the structure and function of the communication, control, and integration system, and (4) demonstrate a professional, working understanding of the transportation, respiration, excretory, and reproduction systems.

COURSE WORK: Students are expected to participate in all class assignments including lecture and note-taking, skill demonstration, large group discussion, small group projects, individual assignments, quizzes

and tests, etc.

TEXTBOOK: Body Structures and Functions, 12th edition. The students will have access to classroom books; however, these books are not allowed to leave the classroom. Books will be assigned to students to use in class.

CLASSROOM SUPPLIES: Pens or pencils {plus colored pencils (12 colors is fine)}
spiral notebook (optional) 2 poster boards for projects (2) Composition books
*******\$20.00 Lab fee to cover student's lab supplies**

*additional supplies needed for class projects will be requested as needed (but well in advance)

TEACHER'S WISH LIST – Extra paper, pencils, pens, Clorox/Lysol wipes, hand sanitizer and tissues (Kleenex, Puffs, etc.) These items are optional but very much appreciated.

Access to Instructional Materials

(In accordance with TCA 49-6-7003, any instructional materials that families would like to see will be made available by email request to teacher and principal.)

HOSA

As a student in any Health Science class, you are eligible and strongly encourage to join your student organization, Health Occupations Students of America (HOSA). We will have the opportunity of competing at different levels: regional, state and international (if we qualify). Being a member provides many opportunities to gain occupational knowledge and skills. There is annual membership fee of **\$15.00**. The due date for this fee will be **August 28, 2020**. If you are having trouble with the fee, please let me know.

Student Name: _____ **Class:** _____
Parent Name : _____ **Date:** _____

NTHS

To be eligible to join National Technical Honor Society, a student must be in a CTE course with a CTE focus area (graduation requirement). Student must be at least a sophomore, be a member of their CTSO, have 8 hours of community service, complete NTHS application and must have a 3.25 GPA. The student must complete NTHS application (see instructor), have 2 recommendations (preferably from current teachers; however, one recommendation can be from a previous teacher).

Student Name: _____ **Class:** _____
Parent Name: _____ **Date:** _____

GRADING SCALE/POLICY: Students will be graded on a scale of 0-100 for in class assignments, pop quizzes, research projects, tests, etc. Extra credit will be given at various times, in various ways throughout the semester. Students will be responsible for all work or assignments missed due to absence. By new school policy, the student will only have as many days as they missed to complete make up work. For example, if the student is out on Monday, get the work on Tuesday, the work will be due on Wednesday. If a student misses a quiz he/she may be given an alternate assignment to take its place. If a student misses a test with an excused absence, he/she will be expected to make up the test as per the above make up work policy. You must schedule a time either before or after school.

100-93=A 92-85=B 84-75=C 74-70=D 69 and below=F

CLASS RULES:

1. Be in your seat and ready to work when the tardy bell rings.
2. Be prepared: ALWAYS bring supplies to class. DO NOT ASK to go back to your locker.
3. Gum, food, and drinks will be allowed on a trial basis.
4. Attend to personal needs BEFORE class.
5. Cursing WILL NOT be tolerated.
6. The teacher, guests, guest speakers and fellow students will be treated with respect.

**7. I will dismiss class at the end of each period, do not get up and leave until you are dismissed.

^8. CELL PHONES MUST BE STORED AWAY IN BACKPACKS OR BAGS AND TURNED OFF DURING CLASS. IF YOU NEED TO USE YOUR CELL PHONE PLEASE TALK TO TEACHER BEFORE CLASS BEGINS, BUT YOU SHOULD NOT NEED THEM SINCE WE HAVE THE ACCESS TO PERSONAL COMPUTERS FOR CLASSWORK!! HOWEVER, if needed: Cell phones may be used at times for private purposes. Students will be instructed on where to use their cell phones while in my class. You will have one warning, next time if a student is caught using a cell phone during this time, the phone will be taken to the office as per cell phone policy and it will be the parent's responsibility to pick up the electronic device.

I do not plan on having any behavior problems in my class; however, the consequences for not meeting my expectations are as follows:

CONSEQUENCES (DISCIPLINE PROCEDURE):

- *1st Infraction: Warning (I will remind you of my expectations and possibly an extra assignment)
- *2nd Infraction: Written Assignment
- *3rd Infraction: Detention and Contact Parents for a meeting in my classroom
- **4th Infraction: Office referral

Note: There may be some situations where the previous consequences will not be appropriate, and student will be disciplined according to infraction (extreme disruption or violent behavior).

*****This form must be returned prior to any lab activity! *****

Parent Contact Information:

Name: _____

Email: _____

Work #: _____

Home#: _____

Cell #: _____

I have read and understand all the objectives, requirements and expectations of my child for this course.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name _____

Student Name _____

INTERNET FORM

Students will be using the computer/internet to look up medical diagnosis, medication, diseases, etc. They will need your permission to use the internet. Internet usage will be supervised always.

_____ Yes, my child has permission to use the internet for school purposes.

_____ No, my child does not have permission to use the internet for school purposes.

Student Name: _____ **Class:** _____

Parent Name : _____ **Date:** _____

MCMINN COUNTY CAREER TECHNOLOGY CENTER INSURANCE WAIVER/INFORMATION FORM

Please check the appropriate box regarding your child's insurance information and sign below.

_____ I have purchased the School Insurance Plan that was offered to my son/daughter.

_____ I do not wish to purchase the School Insurance Plan offered to my child. I do not have adequate insurance coverage for my child, and I will not hold the school financially liable for any incidents that may occur while he/she is attending school.

_____ I have adequate insurance coverage to cover the below named student. (Must complete information)

Name of Insurance Company

Policy Number

Parent Printed Name

Parent Signature

Date

PHOTO/VIDEO PERMISSION FORM

There may be times when pictures and/or videos made be made of classroom work. Pictures may be posted on the HOSA (health occupations students of America) website, McMinn Schools Career & Technical Education Facebook page, newspapers, yearbooks, etc. These will only be used in connection to school activities. The student will also be watching instructional videos throughout the school year, if you have issues then please email me at njones@mcmminnschools.com.

_____ Yes, my child's pictures may be used for the above stated purposes.

_____ No, I do not wish for my child's picture to be used for the above stated purposes.

Student Signature

Parent Signature

Date

