National Jewish Health®
Morgridge Academy

Admissions Checklist

☐ Have a telephone call with our Enrollment Coordinator at 303-398-1103 to discuss where your student is at medically, academically, socially, and emotionally.

☐ Schedule an Enrollment Appointment at Morgridge Academy and bring the following items with you:

- Student's Birth Certificate
- Student's Social Security Card
- Student's Immunization Record
- Student's Insurance Card
- Student's Medical Summary
- Student's most current report card
- Student's most current IEP and/or 504 (if applicable)

☐ At the Enrollment Appointment, you will:

- Fill out the Application
- Sign Medical an Academic Release to allow our Enrollment Coordinator to start the dialogue with the Physician and Current School
- Complete Educational Testing
- Take a tour of the school

☐ Committee Meets to discuss if Morgridge Academy is the right fit for the child.

- If our school is a good fit for the child and there is an opening, enrollment packet is completed, applicant is admitted, and a start date is determined
- If our school is a good fit for the child and an opening is not available, the applicant will be placed on the Morgridge Academy Wait List and the family will be notified when an opening is available
- If our school is not a good fit for the child, the applicant will be notified by telephone call or letter within a week.

National Jewish Health®
Morgridge Academy

Morgridge Academy
Admission Interview
303-398-1103

Date of Initial Conversation: _____ Date and time of Interview: _____

Name of Child: _____ ☐ Male ☐ Female Grade_____
Parent/Guardian Name: _____Phone: (_____) _____-_____
Days Absent: _____ SteriodBurst: _____
ADM_____ ER_____ URGENT VISIT _____

☐School IEP ☐School 504
Strengths of child: _____
Weaknesses: _____
Any family Hx of learning disabilities: _____
School/contact: _____
Medical DX _____ Physician _____
COMPLIANT, ☐ Yes ☐ No

BEHAVIOR CONCERNS: _____
PARENT CONCERNS: _____
PARENT GOALS: _____

1. How long has your child has asthma? _____
LOC _____ Cyanosis_____ Intubation _____

2. Please rate the severity of his/her asthma. (Circle)
(Not severe) 0 1 2 3 4 5 6 7 8 9 10 (Severe)

3. What triggers your child's asthma attacks? (Please check any that apply)
☐ Illness ☐Emotions ☐Medications ☐Foods
☐ Weather ☐Exercise ☐Cigarette or other smoke ☐Chemical Orders ☐ Fatigue
Allergies (please list) _____

4. What does your child do at home to relieve wheezing during an asthma attack?
☐ Breathing Exercises ☐ Rest/Relaxation ☐Drinks Liquids
Takes Medication: ☐ Inhaler ☐ Nebulizer ☐Oral Medication
Other (please describe): _____

5. Please list the medications your child takes for asthma (everyday and as needed)

Name of Medications:	Dose:	Route:	Frequency:	To be given at school:
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

				☐ Yes ☐ No

6. If your child does not respond to medication, what action do you advise school personnel to take? _____

7. What, if any, side effects does your child have from his/her medications?
_____

8. Has your child been taught how to use an extension tube, pulmonary aid, inspirease kit or other device with his/her inhaler? ☐ Yes ☐ No

9. How often does your child see his/her doctor for routine asthma evaluations?
_____

10. Do you know what your child's baseline peak flow rate is?
☐ Yes ☐No Rate: _____

11. Have you ever attended an asthma education class? ☐ Yes ☐ No

12. Has your child had asthma education? ☐ Yes ☐ No

Misc Health Info/Comments:

National Jewish Health®
Morgridge Academy

Morgridge Academy
Health Care Form
303-398-1103

Name of Child: _____
First Middle Last

☐ Male ☐ Female DOB: _____/_____/_____ Grade_____

Parent/Guardian Name: _____
First Last

Home: (_____) _____-_____ Cell: (_____) _____-_____ Work: (_____) _____-_____

Names of others in household_____

Doctor's Name_____ Dentist Name_____
Is your student covered by health insurance? ☐Yes ☐ No
Approximate date of last medical visit (include sports physical, if applicable) _____

Medications

1. List any medications and dose taken regularly _____
_____

2. Do any medicines need to be taken at school? List _____

Medical History/Conditions

1. List any serious illnesses, accidents, hospitalizations or surgery (include age) _____
_____

2. Please list any medical concern(s) that your student has **now** or had in the **past**:

Condition	Now	Past	Condition	Now	Past
Asthma or Reactive Airway Disease			Seizures type_____		
Attention Deficit Disorder (ADD or ADHD)			Skin Conditions		
Bronchitis/Pneumonia			Speech Problems		
Chickenpox			Stomach Problems		
Diabetes			Tooth Disease		
Frequent headaches (≥ 2 per week) or diagnosed migraines			**Other (Circle or list)** (Examples: heart, blood disorder, cancer, uncorrectable vision, etc)		
Mental Health Concerns					
Emotional or behavioral concern MD/Counselor Name:_____					
Head Injury			**ALLERGIES: (PLEASE LIST)** e.g. medication, food, insect bites. List allergies and required care:		
Hearing Loss/Frequent Ear Infections/Tubes in Ears (Circle)					
Heart Problems					
Neurological					
Nosebleeds					
Orthopedic/Bone Muscle Problems					

EXPLAIN ANY YES ANSWERS OR DESCRIBE ANY NEW HEALTH INFORMAION ON THE BACK

Prenatal History

Length of Pregnancy: _____Full term? Or Premature Birth? Birth Weight: _____
Complications during pregnancy? _____
Substance use during pregnancy: ☐ Alcohol ☐ Smoking ☐ Medications ☐ Recreational Drugs
Complications during birth (mom or baby)? _____
Age of mother at birth: _____ Age of father at birth _____

Early Infancy Developmental History Indicate age when student:

Sat _____ Crawled _____ Walked _____ Talked _____ Toilet Trained_____
Additional Comments/Concerns:

Miscellaneous Health Information

Does your student have a health condition that impacts his educational success, requires special equipment, therapy, or assistance? If yes, please describe: _____
Does your child wear glasses or contacts? ☐ YES ☐ NO Date of last eye exam: _____
Does your student have a 504 Plan? ☐ YES ☐ NO
Does the student have a family history of drug/alcohol substance abuse? ☐ YES ☐ NO
Does the student have a family history of learning disabilities? ☐ YES ☐ NO

Additional Information/Health Concerns of Parent

Permission for Health Advisory/Need to Know

School nurses develop a Student Health Advisory List each school year. All information is considered confidential and is shared only on a need-to-know basis.

I give permission to inform teachers and necessary staff about my child's identified health concerns. This permission shall be continuously in effect unless terminated by written notice from myself to the school in which my student is enrolled.

HEALTH CONDITION(S)

(PLEASE CIRCLE): ASTHMA, DIABETES, ADHD, OR OTHER (PLEASE LIST):

_____

Date _____ Relationship to Student_____

Signature_____ Print Name _____

National Jewish Health®
Morgridge Academy

Morgridge Academy
Application for Admission
303-398-1103

Student Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip Code)

Age: _____ Birthday: _____Social Security #:_____
(Month/Date/Year)

Mother's Name: _____ _____
(First) (Last)

Address: _____
(Number and Street) (City) (State) (Zip Code)

Phone: _____
(Home) (Cell) (Work)

Father's Name: _____ _____
(First) (Last)

Address: _____
(Number and Street) (City) (State) (Zip Code)

Phone: _____
(Home) (Cell) (Work)

Name of Parent(s) or Guardian(s) with whom child resides: _____

Parents are: Married _____ Single _____ Divorced_____ Separated_____

If divorced or separated, who has custody of the child? _____

School District: _____ Grade: _____

Present Home School: _____
(Name of School) (Address)

Present Home School Phone #: _____

As part of the application and continued enrollment, I understand that my child's Academic, Hearing/Speech & Language, Occupational Therapy, and Physical Therapy skills may be assessed as need by staff at Morgridge Academy and National Jewish Health.

_____ _____
Parent/Guardian Signature Date

National Jewish Health®
Morgridge Academy

Morgridge Academy Authorization to Use and Disclose Protected Health Information

303-398-1103

Child's Name: _____ DOB: _____

I, _____ , hereby authorize you (see completed sections below) to release records and/or speak with the staff at Morgridge Academy with regard to my child's medical care. Student records will be used to determine student eligibility for enrollment, class placement, academic, medical, and social/emotional goals, and program planning. The National Jewish/Morgridge Academy staff that will have access to this information may include teachers, nurses, principal, therapists, clinicians, and physicians.

Regarding: ☐ PCP ☐ Medical Summary, PFT, Skin Testing ☐ Other: _____	Regarding: ☐ Psychiatrist ☐ Therapist ☐ Psychologist ☐ Counselor ☐ Social Worker ☐ Other: _____
Physician Name	Physician Name
Address, City, Zip Code	Address, City, Zip Code
Telephone Number Date Initials	Telephone Number Date Initials
Regarding: ☐ Specialist ☐ Medical Summary, PFT, Skin Testing ☐ Other: _____	Regarding: ☐ Medical Summary, PFT, Skin Testing ☐ Other: _____
Physician Name	Physician Name
Address, City, Zip Code	Address, City, Zip Code
Telephone Number Date Initials	Telephone Number Date Initials

_____ _____ _____
Parent/Guardian Signature Witness Signature Date

National Jewish Health may not condition treatment, placement, or eligibility for benefits on whether you sign this authorization; however, if you do not authorize the release of this information, you will be denied enrollment in the school. This authorization may be cancelled at any time by means of a written request. If you do cancel this authorization, Morgridge Academy staff will still have access to the protected health information disclosed before the date of the cancellation. After your protected health information has been disclosed, other individuals or entities may re-disclose it. This authorization will not exceed a four-year period of time.

National Jewish Health®
Morgridge Academy

Morgridge Academy
Academic Release of Information

303-398-1103

Reference: _____
(Your child's name)

Date of Birth: _____

I, _____, hereby authorize

_____
(Home School Name, Name of District)

_____
(Home School Address)

to release the following information concerning my son's/daughter's school records to Morgridge Academy:

- ☐ Attendance Records
- ☐ Immunization Records
- ☐ Copy of Birth Certificate
- ☐ SASID Number: _____
- ☐ Report Cards
- ☐ Any/All Evaluations (Cognitive, Psychological, Educational, Physical, Emotional, etc.)
- ☐ CSAP Scores

- ☐ **Individualized Education Program (IEP)**

- ☐ ILP (Individualized Literacy Plan)
- ☐ Individual Behavior Plan
- ☐ 504 (Health Care Plan)
- ☐ Any/All Other Educational Records

Signature: _____ Date:_____

Witness:_____ Date:_____

NATIONAL JEWISH HEALTH
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Notice of Privacy Practices

National Jewish's Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain. You may obtain a revised copy of our Notice of Privacy Practices by accessing our website (www.njc.org), by calling the facility and requesting that a revised copy be sent to you in the mail, or by asking for one at the time of your next appointment.

What is protected health information (PHI)?

Protected health information (PHI) is information about you, your health, and the healthcare services you receive. We are required by law to keep this information private. We are also required to provide you with this notice of our privacy practices.

How will National Jewish use my protected health information (PHI)?

Your healthcare team will use your PHI to provide, coordinate, and manage your care. We will use your PHI to communicate with other healthcare providers, such as your referring physician or oxygen supplier, or to contact you for appointment reminders. We will also use your PHI to obtain payment and to support hospital operations, i.e., quality review and physician training. We will use as little PHI as necessary for these purposes. We may share your PHI with other businesses that perform billing and other services for us. We will have written contracts with these businesses that require them to keep your PHI private.

Can National Jewish disclose my protected health information (PHI) without my permission?

Yes. National Jewish can disclose your PHI for treatment, payment, and hospital operations. Also, the law sometimes requires us to disclose your PHI. We will notify you of these disclosures when the law requires us to do so. We may disclose your PHI to public health agencies who collect the information for purposes of controlling disease or injury, including reporting communicable diseases and domestic abuse. We may also disclose your PHI to authorized Federal officials conducting national security activities. We may disclose your PHI to the agencies that oversee healthcare systems so that they can perform audits, investigations, or inspections. We may also disclose your PHI to companies who are required by the Food and Drug Administration (FDA) to track products, to report product problems, or to make product repairs. We may disclose PHI in response to court orders or to subpoenas. We may also disclose PHI to law enforcement agencies when we believe the disclosure is necessary to investigate a crime at National Jewish, to prevent a threat to someone's safety, or to meet other legal requirements. We may disclose PHI to coroners, funeral directors, or organ donation programs as required to determine the cause of a death or to allow them to carry out their other duties. If you are in the armed services, we may disclose PHI as required by military command authorities. We may also disclose your PHI as required by the worker's compensation laws.

Can National Jewish use my protected health information (PHI) for research?

National Jewish may want to use and disclose your PHI as part of our research efforts. Before using your PHI in a research project, National Jewish will either obtain your permission or obtain permission from the Institutional Review Board (IRB). The IRB will only give permission if it determines that your PHI will be adequately protected.

Can National Jewish use my protected health information (PHI) to notify me about its services or about fundraising opportunities?

National Jewish may send information to you about the services we offer. If you do not want to receive this information, please call our Corporate Compliance Officer at (303) 398-1601. National Jewish may also use your name, address, and the dates that you were here to contact you about National Jewish fundraising efforts. If you do not wish us to contact you for this purpose, please call our Corporate Compliance Officer at (303) 398-1601.

Can National Jewish disclose my protected health information (PHI) to my family members or friends?

Unless you object, we may disclose your PHI to a member of your family or to any other person you identify to the extent that it directly relates to that person's involvement in your healthcare. If you are unable to object to such a disclosure, we may disclose such information as necessary, if we determine that it is in your best interest, based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death.

What about other disclosures?

Other uses and disclosures of your PHI will only be made with your written authorization. You may revoke this authorization in writing at any time. After National Jewish has received your revocation, we will no longer use your PHI for the other uses specified in the revocation.

Can I review and have a copy of my protected health information (PHI)?

Yes, in most circumstances, you may inspect and get a copy of your PHI for as long as we maintain it. We may charge a reasonable, cost-based fee for making copies. Under the law, you may not inspect or copy some records. For example, you may not inspect or copy psychotherapy notes, records generated for research while the research is in progress, or records created for use in a legal or administrative proceeding. To request to inspect or to get a copy of your PHI, please contact the Health Information Management Department at (303) 398-1580. In certain limited conditions, we may deny your request to inspect and copy your PHI. If we deny your request, you may request of review of our decision. If you ask for a review, National Jewish must appoint a provider who was not involved in your care to review the denial, and National Jewish must abide by the reviewer's decision.

Can I restrict how National Jewish uses my PHI for treatment, payment, or operations?

You may ask us not to use or disclose any part of your PHI for purposes of treatment, payment, or healthcare operations. You may also request that we not disclose your PHI to family members who may be involved in your care. Your request must be in writing. National Jewish does not have to agree to the restriction. If we do agree, we may not disclose your PHI in violation of the restriction, unless it is needed to provide emergency treatment. You may request a restriction by contacting the Health Information Management Department at (303) 398-1580.

Can I amend my protected health information (PHI)?

You have the right to ask us to change the PHI in your medical record for as long as we have the information. We may deny your request. If we deny your request, you have the right to file a statement of disagreement. We may respond to this statement. Both your statement of disagreement and our response will be attached to the medical record. If we grant your request, we will make the changes and distribute it to the people who we believe need it and to those you state should receive it. Any request to amend PHI must be in writing. Please contact the Health Information Management Department at (303) 398-1580 if you have any questions.

Can I ask you to communicate with me using different means or at a different place?

Yes, if your request is reasonable. We will not ask you why you are making the request. We will reserve the right to not comply with your request if we cannot contact you to obtain payment. You may make this request by contacting the Health Information Management Department at (303) 398-1580.

Can I receive an accounting of the disclosures made by National Jewish?

You can obtain an accounting of any disclosures made by National Jewish, except for disclosures made to you or the disclosures that do not require your authorization (see above). You also cannot obtain an accounting of any disclosures made before April 14, 2003. The right to receive this information is also subject to certain other exceptions. This accounting will contain the date information was disclosed, the name of the party receiving the information, and a brief description of what was disclosed and why. The first accounting in a 12-month period is free. After that, we reserve the right to charge a reasonable, cost-based fee. To request a disclosure, please contact the Health Information Management Department at (303) 398-1580.

What if I think National Jewish has violated my right to privacy?

You may complain to us or to the Secretary of Health and Human Services if you believe that we have violated your privacy rights. We will not retaliate against you for filing a complaint. You may contact our Patient Representative at (303) 398-1076 for more information about the complaint process.

If you have questions about this Notice please contact our Patient Representative at (303) 398-1076.
This notice was published and becomes effective on April 14, 2003. For a more complete explanation of our privacy practices, please request a copy of our full Notice of Privacy Practices.

National Jewish Health™
Science Transforming Life™

(Please print.)
Patient Name: _____
MRUN: _____
*** OR ***
Attach patient label here.

NOTICE OF PRIVACY PRACTICES
Acknowledgement of Receipt

I acknowledge that I have received a copy of the National Jewish Health's Notice of Privacy Practices.

Patient Signature	Parent/Guardian (if Patient is minor/mentally impaired)	Relationship to Patient
Witness Signature		Date

MORGRIDGE ACADEMY HEALTH STANDARDS

1. Students will demonstrate an understanding of their chronic illness and the ability to manage it.
2. Students will demonstrate the ability to access health services, products, and information.
3. Students will identify factors that can affect individual and community health.
4. Students will identify factors relating to personal and family health.
5. Students will identify factors affecting mental, social, and emotional health.
6. Students will comprehend concepts related to injury prevention and personal safety.
7. Students will demonstrate understanding of essential concepts about nutrition and diet.
8. Students will identify essential concepts about the prevention and control of disease.
9. Students will demonstrate understanding of aspects of substance use and abuse.
10. Students will demonstrate understanding of human growth and development.

1. Students will demonstrate an understanding of their chronic illness and the ability to manage it.

K-3

1.1 Identify symptoms of chronic illness.

1.2 Demonstrate proper use of equipment.

4-5

1.1 Demonstrate responsibility of managing symptoms of chronic illness.

1.2 Demonstrate knowledge of illness and medication.

6-8

1.1 Demonstrate ability to discuss illness; causes, side effects, and management.

1.2 Demonstrate ability to interact with medical personnel in regards to illness management.

2. **Students will demonstrate the ability to access health services, products, and information**

K-3

2.1 Identify people who help us maintain personal health and safety.

2.2 Identify personal health practices and products, which can prevent and treat minor health problems.

2.3 Identify resources available for support in abusive situations.

4-5

2.1 Differentiate between valid and invalid health information.

2.2 Identify situations that require professional health services.

2.3 Demonstrate ability to access health service support systems.

6-8

2.1 Identify ways advertising and media can influence choice of health products and services

2.2 Advocate for self in consumer health services system.

2.3 Access community health consumer organizations and advocacy services they provide.

3. Students will identify factors that can affect individual and community health.

K-3

3.1 Identify characteristics of a healthy community.
3.2 Identify environmental hazards that can affects community well being.
3.3 Identify how individuals can help maintain a healthy environment.

4-5

3.1 Analyze how environmental hazards can affect community well being.
3.2 Explain how individuals, communities, and states cooperate to maintain a healthy environment.
3.3 Identify how personal health can be influences by society.

6-8

3.1 Identify how cultural experiences affect physical and mental health.
3.2 Identify ways to help control environments pollution.
3.3 Analyze how various messages from the media impact health practices.

4. Students will identify factors relating to personal and family health.

K-3

4.1 Identify and demonstrate basic hygiene habits required to maintain health.
4.2 Explain the influence of rest, food choices, exercise, sleep, and recreation on a person's well being.
4.3 Identify the roles of parents and extended family in promoting health of children.
4.4 Identify age-appropriate strategies to cope with changes that may occur in families.
4.5 Identify characteristics of a responsible family member.

4-5

4.1 Utilize strategies and skills that could be used to attain personal health goals.
4.2 Identify common health problems that should be detected and treated early.
4.3 Explain how communication techniques can improve or maintain family health.

6-8

4.1 Analyze the benefits of regular physical activity and personal habits that promote and maintain health.
4.2 Identify ways of improving personal health.
4.3 Explain roles of family members and types of families.
4.4 Identify age-appropriate family communication techniques, coping strategies, and problem solving techniques.

5. Students will identify factors affecting mental, social, and emotional health.

K-3

5.1 Utilizes kindness and helpfulness in personal interactions and explains the importance of this.
5.2 Demonstrates understanding of the importance and uniqueness of each individual.
5.3 Communicates feelings in appropriate and respectful ways.
5.4 Identify forms of harassment, the ways they affect self and others, and appropriate response strategies.

4-5

5.1 Explains the relationships between physical, mental, and emotional health.
5.2 Identify common sources of stress for peer group and simple ways to manage it.
5.3 Identify age-appropriate refusal skills for avoiding unhealthy consequences of peer pressure.
5.4 Identify and utilize conflict resolution and problem solving skills.

6-8

5.1 Identify emotions of self and others and their effects on communication.
5.2 Demonstrate appropriate communication skills with peers, parents, and other adults.
5.3 Identify and utilize stress-management strategies.
5.4 Identify age-appropriate refusal skills and techniques for social situations.
5.5 Identify and utilize strategies to manage feelings caused by disappointment, separation, or loss.
5.6 Identify characteristics and conditions associated with positive self-esteem.

6. Students will comprehend concepts related to injury prevention and personal safety.

K-3

6.1 Explain how to recognize emergencies and respond appropriately.
6.2 Identify safety rules and practices that protect the body from injury.
6.3 Identify four types of abuse.
6.4 Identify benefits and consequences of making choices in health behaviors affecting personal safety.

4-5

6.1 Demonstrate safety rules and practices to use in home, school and community setting.
6.2 Demonstrate nonviolent strategies to resolve conflicts.
6.3 Identify different types of abuse and identifies self-protection strategies.

6-8

6.1 Explain risks to personal safety and appropriate strategies for handling situations.
6.2 Demonstrates appropriate school safety, policies, and procedures.
6.3 Analyze various types of abuse and the related laws to help enhance self-protection.
6.4 Identify potential signs of violence and how to manage it using self-protection and negotiation skills.
6.5 Demonstrate understanding of strategies for managing a range of situations involving injury.

7. Students will demonstrate understanding of essential concepts about nutrition and diet.

K-3

7.1 Identify foods and food combinations that provide a balanced daily diet according to the food pyramid.

7.2 Demonstrates healthy eating practices.

4-5

7.1 Differentiate between factors, benefits, and consequences that influence food choices.

7.2 Identify the positive influences of a nutritionally balanced diet and safe food handling practices on the digestive system.

7.3 Identify factors that influence food choices.

6-8

7.1 Identify the way to meet nutritional requirements of adolescence.

7.2 Demonstrates understanding of the implications of dependence on food fads and fallacies in selection diet.

7.3 Identify how eating properly can help reduce health risk.

7.4 Verbalize appropriate methods to maintain, lose, or gain weight according to individual needs and scientific research.

7.5 Identify eating disorders that affect health adversely.

8. Students will identify essential concepts about the prevention and control of disease.

K-3

8.1 Demonstrate understanding of germs and ways to avoid them.
8.2 Identify the signs and symptoms of common illness.
8.3 Identify ways that positive health habits help prevent disease.

4-5

8.1 Explain ways in which a person can prevent or reduce the risk of disease and disability.
8.2 Identify how diseases affect the organs of the digestive, respiratory, and circulatory systems.
8.3 Explains the basic characteristics, transmission, and prevention of HIV infection.
8.4 Identify the benefits of early detection and treatment of disease.

6-8

8.1 Demonstrate understanding of acute, communicable, chronic, and degenerative disease process and the difference among them.
8.2 Identify STD/AIDS causes, symptoms, and prevention.
8.3 Analyze how lifestyle, pathogens, family history, and other risk factors may relate to the cause or prevention of the disease.

9. Students will demonstrate understanding of aspects of substance use and abuse.

K-3

9.1 Explain how to distinguish between helpful and harmful substances.

9.2 Explain the consequences of making choices related to substance use.

4-5

9.1 Explain the differences between use and misuse of prescription and non-prescription drugs.

9.2 Identify influences that promote alcohol, tobacco, and other drug use.

9.3 Identify ways to avoid and respond to negative social influences and pressures to use alcohol, tobacco, and other drugs.

9.4 Analyze how alcohol, tobacco, and other drugs affect the organs of the digestive, respiratory, and circulatory systems.

6-8

9.1 Verbalize the differences between use, misuse, and abuse of over-the-counter and prescription drugs.

9.2 Identify the mind-altering drug categories and their effects upon the body.

9.3 Identify factors involved in the development of drug dependence and the early observable signs and symptoms.

9.4 Identify the short and long-term physical, psychological, and social consequences of the use of tobacco, alcohol, and other drugs.

10. Students will demonstrate understanding of human growth and development.

K-3

10.1 Verbalizes the function and contribution of the five senses.

10.2 Identifies the major body systems (e.g., nervous, digestive, muscular, respiratory, circulatory, skeletal).

10.3 Demonstrate having a positive body image (e.g., trust their feelings about touches, differentiate between good and bad secrets, talking to a trusted adult, good hygiene, looking ahead to puberty).

4-5

10.1 Identifies the basic structure, function and care of the major human body systems and the relationships between them (e.g., nervous, digestive, muscular, respiratory, circulatory, skeletal, and reproductive).

10.2 Explain the changes that occur during puberty (e.g., physical, social, emotional).

10.3 Identifies options for pregnancy and STD prevention.

6-8

10.1 Identifies the similarities and differences between male and female sexuality (e.g., physical, emotional, and social changes during puberty).

10.2 Identifies the basics of conception, prenatal development, and birth.

10.3 Identifies choices and consequences of sexual activity (e.g., abstinence, HIV/AIDS, STDs, teen pregnancy, emergency contraception, Hepatitis C).