**2016 Physical Education Syllabus**

1. **Units**

Volleyball Basketball Team Handball Soccer

Racquet Sports Football Fitness

1. **Healthful Living Semester Grade**
* 1ST Quarter (40%) – Physical Education
* 2ND Quarter (40%) – Health Education
* Final Exam (20%) – P. E. (10%) / Health Education (10%)
1. **Grade Breakdown for Physical Education**
	* Major Assessment (Student Engagement) - 80%
	* Minor Assessments – 20%
2. **Daily Participation Grade**
	* 1 point – Appropriate Shirt (White, Grey, or Panther Creek)
	* 1 point – Appropriate Shorts (Dark Shorts or Panther Creek)
	* 1 point – Correct Shoes (Tennis shoes & socks. **No VANS, skate shoes, or waffle cone bottoms.**)
	* 1 point – Being in “Squad Spot”
	* 2 point – Sportsmanship/Following Rules
	* 4 points – Warm up / Stretches
	* 10 points – Skill / Activity / Game Play
* If not dress out for class you will **NOT** be able to participate! You will be provided an assignment to work on during class and will need to attend a SMART Lunch within **8 SMART LUNCH DAYS** to receive partial participation points for that day.
1. **SMART Lunch**
* Intramurals will be offered on Monday’s, Tuesday’s, Thursday’s & Friday’s during Lunch A.
* Students who are attending SMART Lunch need to sign in at the log in table before entering the gym
* We do not require SMART Lunches, but if you are absent and did not dress out for class you will need to attend SMART Lunches in order to receive **FULL** credit for absences and partial credit for not dressing for class.

1. **Absences**
	* Students who have excused absences will be required to make up missed participation/ assessment grades by signing in and attending a SMART lunch. (1 Smart Lunch is equal to 1 absence)
	* You will have **8 SMART LUNCH DAYS** to attend a SMART LUNCH to receive credit for the day you missed.
	* Students who do not make up missed work will not be given credit
2. **Medical / Injury**
	* If a student cannot participate due to a medical reason a **doctor note** is required
	* Students will need to attend a SMART Lunch to makeup that class to receive full credit for that day
	* If a student is injured for a length of time they will be provided with a written assignment for each day they cannot participate in order to receive full credit for each day.
3. **Policies**
	* Students are expected to wear appropriate clothing according to WCPSS policy
	* Students will not be allowed to eat food, candy, or chew gum in the building
	* Cell phone policy will be enforced according to WCPSS policy
	* Students leaving the class without permission and a pass will follow school policy on consequences
	* All students are expected to behave in manner that ensures a safe environment for others

**2016 Physical Education Syllabus**

I have read and understand the expectations I must meet…

Student Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION NOTICE**

***Parents, to assure accuracy, please fill out the medical information.***

**Parent / Guardian**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child have asthma? Yes or No

Does your child have an allergic reaction to bee stings or other serious allergies? Please give details and specify.

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Please list any other important health concerns for your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child has any current, major medical conditions, please attach a copy of a medical notice.