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Dear Parent or Guardian:

Please read the attached classroom guidelines and discuss them with your child and then sign the bottom of this form. They are due back tomorrow. Your child will begin earning points toward their grade as soon as the signed form is returned. Please have your child keep a copy of the guidelines in their notebook.

Should you have any questions or concerns with the policies expressed in the Class Guidelines, please do not hesitate to call me at school (805) 497-6711 ext. 2201 or at mscirone@conejo.k12.ca.us.

Ms. Maria L. Scirone, M.A.
Instructor

Dear Ms. Scirone:

I have read and discussed the Class Guidelines with my child and we agree to your class requirements.

Period _____

Student name (print) _____

Student signature _____ Date _____

Parent name (print) _____

Parent signature _____ Date _____

Westlake High School
Home Economics: Ms. Scirone
Fall 2006

Health Course Requirements:

This class is organized and designed to encourage you to take a closer look at your lifestyle, all the factors that influence your daily choices and decisions regarding health. The goal of the class is to enable you to make decisions that will lead to a long, happy and productive life. Health is a class where you will be sharing your views with others and respecting those who have views to share in return. Please come to class with an open, supportive and respectful mind set.

I. Course Outline

- A) Emotional Health
- B) Substance Abuse
- C) Physical Fitness
- D) Family/Relationships
- E) Sexuality/Reproduction
- F) Decision Making
- G) Consumer Awareness
- H) Infectious Disease

III. Grading:

Points stemming from in-class participation, oral presentation project, drug brochure, homework/journal packet, quizzes and tests will determine the final grade in this class.

90 - 100 = A

80 - 89 = B

70 - 79 = C

60 - 69 = D

59 or Below = Fail

Make-up Work:

It is your responsibility to make up tests and all other class assignments within one week of your absence. Absolutely no late make up work will be graded after one week of absence. An "excused absence" does not mean excused from making up class work. Make up tests are only given outside of class time. Arrange a suitable time to meet with the teacher. This is your responsibility.

Class Guidelines/Classroom Behavior
Ms. Scirone Fall 2006
Human Development/Foods/Health

Classroom Rules

Follow all school rules

Follow Classroom and safety rules

Be in your seats with materials needed for class when the bell rings

Students need teacher permission to enter pantry area

Consequences

Verbal Warning

Student teacher meeting

Contact Parents

Behavior Contract

Long Referral Form to Vice Principal



Conejo Valley Unified School District

1400 E. Janss Road, Thousand Oaks, California 91362-2198
(805) 497-9511

2004 No Child Left Behind - Blue Ribbon School

Robert Fraise, Ph.D.
Superintendent of Schools

Westlake High School
100 N. Lakeview Canyon Road
Westlake Village, CA 91362-3895
(805) 497-6711
FAX (805) 497-2606
www.conejo.k12.ca.us/westlake

Ronald A. Lipari
Principal

Fall 2006

Dear Parents:

My name is Maria Scirone and I will be your child's Health teacher this year. Because I will be spending an hour each day with your child, I'd like to take this opportunity to tell you a few things about myself, both personally and professionally.

I have been a teacher for 11 years, having spent the past 6 years at Westlake High. I received my B.A. and Teaching Credentials at California State University, Northridge and earned my Master's degree in Education. I am married, and my husband, Dr. Charles Kahan is an Orthodontist.

Teaching is more than just a job. It is a commitment I take very seriously. My goal and my mission as a teacher is: To empower and inspire your child through encouragement and motivation. My goal is to create a safe and fair learning environment through patience and respect.

My teaching philosophy is this: I don't simply teach Family and Consumer Science, I teach students. I teach your child. Your child deserves my full respect and understanding; in all interactions I will strive to provide this. In return, I expect full cooperation and respect from my students.

I look forward to an exciting and productive year. You will be hearing from me frequently, because you are the most important person in your child's life, and your involvement and support mean a great deal to us all. Please make a note of my number at school, (805) 497-6711 ext 2201 email mscirone@conejo.k12.ca.us.

Sincerely,

Maria L. Scirone, M.A.
Family and Consumer Science Instructor
Westlake High School

HIGH EXPECTATIONS → HIGH ACHIEVEMENT



Conejo Valley Unified School District

PUPIL SERVICES

1400 East Janss Road, Thousand Oaks, California 91362-2198
Telephone (805) 497-9511 • FAX (805) 373-6981

Jerry C. Gross, Ph.D.
Superintendent of Schools

Linda L. Calvin, Ph.D.
Associate Director
Pupil Services

Dear Parent:

Your child is enrolled in a Health or Science class this semester. Included in these courses are units relating to family living and human sexuality in which human reproductive organs and their functions may be described, illustrated, or discussed.

This letter is to inform you of your right to request that your son or daughter be excused, due to religious beliefs or personal moral convictions, from any class which includes these subjects. These rights are included in Education Code Sections 51240 and 51550, but do not apply to descriptions or illustrations of human reproductive organs which may appear in a textbook, adopted pursuant to law, on physiology, biology, zoology, general science, personal hygiene, or health.

Any written or audiovisual material to be used in a class in which human reproductive organs and their functions and processes are described, illustrated or discussed, shall be available for inspection at the school office or the District Media Center.

These Code Sections are printed on the reverse side of this letter, along with a form to request that your child participate or be temporarily withdrawn from any class covering materials described in paragraph two above, during the time these subjects are being discussed. Please complete this form, sign it, and return it to your child's Health or Science teacher as soon as possible.

If you require additional information about the course your student is taking, please request a teacher conference.

Sincerely,

Linda L. Calvin, Ph.D.
Associate Director Pupil Services

LLC:lr

CONEJO VALLEY UNIFIED SCHOOL DISTRICT
INSTRUCTIONAL SERVICES DIVISION
PUPIL SERVICES DEPARTMENT

HEALTH OR SCIENCE INSTRUCTION, FAMILY LIFE AND SEX EDUCATION

The California Education Code states that:

Section 51550:

No governing board of a public or secondary school may require pupils to attend any class in which reproductive organs and their functions and processes are described, illustrated or discussed, whether such class be a part of a course designated "sex education" or "family life education" or by some similar term, or part of any other course which pupils are required to attend.

This section shall not apply to descriptions or illustrations of human reproductive organs which may appear in a textbook, adopted pursuant to law, on physiology, biology, zoology, general science, personal hygiene, or health.

Section 51240:

Whenever any part of the instruction in health, family life education, and sex education conflicts with the religious training and beliefs of the parent or guardian of any pupil, the pupil, on written request of the parent or guardian, shall be excused from the part of the training which conflicts with such religious training and beliefs.

As used in this Section, "religious training and beliefs" includes personal moral convictions.

This request shall be valid for the school year in which submitted, and may be withdrawn by the parent or guardian at any time.



Pursuant to Sections 51550 and 51240 of the California Education Code, I request that my son/daughter, _____
(Name)

_____ Participate in the Family Life Education unit

_____ Not participate in the Family Life Education unit

Signature of Parent or Guardian Date

Return this form to your child's Health or Science teacher, by _____.
Until this form is returned, your child will be excluded from the program.