

MEDICAL THERAPEUTICS

INSTRUCTOR: JENNIFER ESTES R.N.
PLANNING PERIOD: 2:25-3:15 PM
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CONTACT INFORMATION: 423-263-5541

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 Educators-Administrators on the left side of the page
- Click on Curriculum/Standards
- Under Career Technical Education Course Standards click on Health Science
- Find the subject your child is enrolled in and open the standards and competency profile for your review. I offer Nursing Education, Anatomy and Physiology, Health Science Education, and Medical Therapeutics.
- 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.

COURSE DESCRIPTION: This course provides knowledge and skills to maintain or change the health status of an individual over time. This could include careers such as dental, dietetics, medical assistance, home health, nursing, pharmacy, respiratory, social work, nutritionist, physician, psychiatrist, psychologist, veterinarian, gerontology, service provider, medical practice owner, attorney for health care, and others.

COURSE OBJECTIVE: Students will demonstrate client interaction; research therapeutic careers; monitor client status; utilize proper body mechanics; provide care to patients; analyze facility protocols; apply basic pharmacology knowledge; classroom laboratory activities; feeding courses; and the use of tele-health.

TEXTBOOK: Diversified Health Occupations 8th Edition by Louise Simmers

GRADING SCALE/POLICY: Students will be graded on a scale of 0-100 for in class assignments, pop quizzes, research projects, tests, etc. All grades will be counted equally. Extra credit will be given at various times, in various ways throughout the semester. Students will be responsible for any and 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:

- *Be in your seat and ready to work when the tardy bell rings.
- *Be prepared: ALWAYS bring folders, paper, pencil, pens, etc. to class. DO NOT ASK to go back to your lockers.
- *Gum, food, and drinks will be allowed on a trial basis. If garbage or spills are found, these privileges will be taken away. I like my room to be neat and tidy.
- *Attend to personal needs BEFORE class.
- *Cursing WILL NOT be tolerated.
- *The teacher and fellow students will be treated with respect.
- *Cell phones may be used at times for instructional purposes. Students will be given the option of placing cell phones in a holder while not in class use. If a student is caught using a cell phone and opted not to place phone in the holder, this phone will be taken to the office as per cell phone policy.

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

CONSEQUENCES:

- *1st Infraction: Warning
- *2nd Infraction: Writing Assignment
- *3rd Infraction: Double Writing Assignment and Contact Parents
- *4th Infraction: Sent to the office

CLASS SUPPLIES:

- *Pens or pencils
- *Notebook paper
- *3 Ring Binder Notebook 1 inch (or something to keep your papers in)

MEDICAL THERAPEUTICS

Student Name: _____ Class Period: _____

****PLEASE SIGN FRONT AND BACK OF THIS PAGE**

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 at all times.

_____ 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.

CENTRAL HIGH SCHOOL OF MCMINN COUNTY 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, newspapers, yearbooks, etc. Theses will only be used in connection to school activities.

_____ 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

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I have read and understand the rules and guidelines that are available on line at McMinn Central's website for Mrs. Estes' Medical Therapeutics Class and am aware of the consequences set upon any infraction of said rules and guidelines. If you need this printed out please let me know. I will get you a hard copy. I have also been given the website for obtaining information about standards and competency profile.

_____	_____	_____
Student Name Printed	Student Signature	Date
_____	_____	_____
Parent/Guardian Name Printed	Parent/Guardian Signature	Date

If you wish to have contact by email: Please list your name and email address below:

_____	_____
Name	Email Address

***Must be returned prior to any participation in lab activities