



Cardinal Leger Secondary School

Department of Health and Physical Education

Course Name: Healthy Active Living Education

Course Code: PPZ3C

Level: College

Room: TBD

Ministry Guidelines: 2015 Revised

Course Enhancement Fee: TBD

Course Overview:

This course enables students to examine the factors that influence their own health practices and behaviours as well as those factors that contribute to the development of healthy communities. It emphasizes the concept of wellness, which addresses all aspects of well-being – physical, cognitive, emotional, spiritual, and social – and promotes healthy eating, physical activity, and building and maintaining a positive sense of self. Students will develop the skills necessary to make healthy choices and create a personal wellness plan. They will also design initiatives that encourage others to lead healthy, active lives. The course prepares students for college programs in health sciences, fitness, wellness, and health promotion. This course helps students to meet the Ontario Catholic School Graduate Expectations by enabling each person to become participants in leisure and fitness activities for a balanced and healthy lifestyle.

Curriculum Strands and Overall Expectations:

By the end of this course, students will:

- Explain how personal factors and individual health practices or behaviours influence personal health;
- Explain how social factors influence personal health;
- Demonstrate an understanding of various environmental factors that influence personal health.
- Demonstrate an understanding of the concept of personal wellness, the factors that influence it, and ways maintaining and enhancing it;
- Demonstrate the ability to develop and implement a personal wellness plan.
- Demonstrate the ability to assess the quality of health information and use credible health information to make informed decisions and take appropriate action about matters affecting their health;
- Demonstrate an understanding of the components of healthy communities and the factors that affect and sustain health within them;
- Demonstrate the ability to influence and support others in making positive health choices.



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Evaluation:

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|-----------------------------|-------------|
| Term Work | 70% |
| Knowledge and Understanding | 25% |
| Thinking | 25% |
| Communication | 25% |
| Application | 25% |
| Final Assessment | 30% |
| Formal Examination | 20% |
| Culminating Task | 10% |
| Course Total | 100% |

Learning Skills and Work Habits

E= Excellent G=Good S=Satisfactory N= Needs Improvement

| | |
|------------------|---|
| Responsibility | <ul style="list-style-type: none"> Fulfills responsibility and commitments. Takes responsibility for and manages own behavior. |
| Organization | <ul style="list-style-type: none"> Devises and follows a plan and process for completing tasks. Establishes priorities and manages time |
| Independent Work | <ul style="list-style-type: none"> Independently monitors, assesses, and revises plans to complete tasks and meet goals. Uses class time to complete tasks. |
| Collaboration | <ul style="list-style-type: none"> Accepts various roles and an equitable share of work in a group. Builds healthy peer-to-peer relationships. |
| Initiative | <ul style="list-style-type: none"> Looks for and acts on new ideas and opportunities. Approaches new tasks with a positive attitude. |
| Self-Regulation | <ul style="list-style-type: none"> Sets own goals and monitors progress towards achieving them. Seeks clarification or assistance when needed. |

Missed/Late/Incomplete Assignments

It is the student's responsibility to address missed, late, or incomplete assignments. Students are expected to complete assignments and to adhere to assignment deadlines as follows:

| Due Date | 10% Penalty Zone | Closure Date |
|-----------------------------------|---|--|
| A due date is set by the teacher. | 1 school day late – 3% 2 school days late – 6% 3 school days late – 10% Maximum penalty of 10% | Once the closure date has passed, work is considered incomplete and a mark of zero applies. |

Parent Signature: _____ Student Signature: _____