

**2009-10 HEALTH CHALLENGE WAIVER PARTICIPANTS**

***SUBMITTING YOUR DOCUMENTATION  
MODULES 2, 3, 4***

*Submit Documentation for Modules 2, 3, and 4 according to the instructions listed on this sheet.*

1. Place the following in an envelope:

**Module 2 - Social Health, Physical Health, Mental Health and Nutrition**

Health Risk Analysis paper

*and*

Completed Personal Health Plan Template with doctor or school nurse signature

**Module 3 - Consumer Health**

Community Service:

SHOC Student Record with SHOC coordinator signature

*or*

Informational Interview:

- Completed Informational Interview Questions
- Completed Student Reflection Sheet

**Module 4 - Safe Living and Emergency Response**

Valid Adult CPR and/or First Aid Card (AHA, Red Cross, Medic First)2. Seal envelope, write your name clearly on the outside and deliver as follows:

**Deadline is March 5**

Hand deliver by 2:30 to the teacher at your high school as listed below

*or*

Send via USPS. Be sure your envelope is post marked by deadline date or earlier.

<b>Bellingham High School</b>	<b>Sehome High School</b>	<b>Squalicum High School</b>
<b>Mrs. Lockhart</b> Room 128  Mrs. Lockhart Bellingham High School 2020 Cornwall Avenue Bellingham, WA 98225-3698	<b>Ms. Giller</b> PE Room  Ms. Giller Sehome High School 2700 Bill McDonald Parkway Bellingham, WA 98225-5995	<b>Mrs. Diener</b> Room A227  Mrs. Diener Squalicum High School 3773 East McLeod Road Bellingham, WA 98226-7728

# HEALTH CHALLENGE MODULE SUBMISSION CHECKLIST

## *Modules 2, 3, 4*

Modules 2, 3, and 4 serve as the means for you to demonstrate your ability to complete the required performance tasks. The quality and completeness of your work is important. Your work needs to be typed and neatly organized. Be sure to download and use the appropriate Health Challenge templates and forms. The best method to display your work is in a small 3-ring binder. Include a cover sheet and insert your work into plastic protector sheets.

### **Module 2:**

- ✓ Health Risk Analysis Paper
  - MLA format
  - Works Consulted Page
  - Length is 4 pages or more
  - Typed
  
- ✓ Personal Health Plan Template
  - Typed
  - Rubric
    - Scored by Health Care Provider
    - Signed by Health Care Provider

### **Module 3:**

- ✓ Community Service
  - SHOC Student Record
    - Typed
    - Shows 6-traits writing ability
    - SHOC Coordinator signature (See your school Career Center)
- OR***
- ✓ Informational Interview
  - Typed 'Informational Interview Questions & Answers'
  - Typed 'Student Reflection Sheet'

### **Module 4:**

- ✓ Valid Card
  - Module 4 PDF Form
  - Original card (No photo copies please. Your card will be returned to you.)