**2016/2017 SYLLABUS**

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| **Course Name: Foods and Nutrition I**  **Teacher: Ms. Pate** | **Teacher Email: tepate@wsd.net** |

**COURSE: FOODS AND NUTRITION I**

Grade Level: 9-12

Credit: 0.5

Pre-requisites: None

**COURSE DESCRIPTION**

This course is designed to focus on the science of food and nutrition. Experiences will include food safety and sanitation, culinary technology, food preparation and dietary analysis to develop a healthy life style with pathways to career readiness. Laboratory based experiences strengthen comprehension of concepts and standards outline in Sciences, Technology, Engineering and Math (STEM) education.

**CLASS MATERIALS**

3-Ring Binder or Folder with pockets (Something to keep you organized.)

Paper (Spiral notebook or loose leaf paper)

Hair tie (if hair is long enough) this needs to be brought every day that we have a cooking lab!

Pen or Pencil (To be brought to class every day!)

**CLASSROOM PROCEDURES AND GUIDELINES**

**Seating and Kitchen Assignments**

I will have a seating chart for each class. The seating chart may change throughout the semester as needed. You are required to sit in your assigned seat or you will be marked absent. Students may choose their own kitchen units; four students per kitchen. I may change those assignments if necessary.

**Tardies**

You must be in the room when the door closes for the bell or you are tardy. Tardies are unexcused unless you bring a note with you signed by a parent, teacher, or office staff or it is called in by a parent/guardian. I adhere to the school’s attendance policy.

**Dismissals**

Before class ends have books/papers picked up and the room left tidy for the next class. Please push your chairs under the tables. Kitchen units must be cleaned thoroughly and checked out by the teacher before anyone from that unit may leave. When the bell rings and the room and kitchen unit are in order you may leave. Please do not ask to leave early.

**Behavior in Class**

Raise your hand to talk. There should be no talking while I am talking. There is no outside food or drink allowed in the classroom (though water bottles would be fine). This is a foods lab, not a cafeteria. I adhere to the school’s discipline policy.

**Bathroom and Drinking Passes**

You will be given three passes per term. Once your passes are used, you will not receive any more. Always use the hall pass when leaving the room. Only one student at a time is allowed to leave the room.

**Classroom Webpage**

The address to my classroom webpage is <http://mspatesclassroom.weebly.com/>. Once on the website you may locate your class and download any assignments, study guides, recipes or other items found there. There is no need to create an account. This allows both parent/guardian and student complete access to all the missing work needed at any time throughout the school year. I would suggest saving my website as a bookmark on your internet for easy access.

**Absent/Making up Assignments**

It is your responsibility to check on missed work if you are absent, and to keep current on your grade. All assignments can be found on my classroom webpage. Download the papers needed, complete and turn in for credit. **No makeup cooking lab will be accepted without a “Makeup Cooking Lab” sheet filled out along with a sample or picture of the food prepared.**

**ASSESSMENTS**

Weekly updates will be recorded in Power School each Monday by 10:00 a.m.

Assessments will be given often to measure current mastery of content.

**COURSE OBJECTIVES AND LEARNING OUTCOMES**

The following learning outcomes are expected at the conclusion of this course. Below are the learning targets, assignments and assessments that will assist with mastery of content.

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| **Learning Targets** | **Assignments & Assessments** |
| Kitchen Equipment and Management | Students will consistently demonstrate proper measuring and preparation techniques while preparing recipes. |
| Kitchen Safety and Sanitation | Students will consistently demonstrate kitchen safety procedures and sanitation techniques. The option of acquiring a Food Handlers Permit will be discussed and made available to all students in the class. This permit will require an additional cost. |
| Dietary Guidelines and MyPlate | Students will explore the current Dietary Guidelines and ChooseMyPlate.gov. Students will evaluate and analyze a personal dietary intake for one day according to the current Dietary Guidelines and MyPlate. |
| Carbohydrates and Fiber | Students will identify the sources and functions of carbohydrates and fiber. Students will actively participate in the preparation of a complex carbohydrate food from scratch. |
| Proteins and Lipids | Students will identify the sources and functions of proteins and lipids (fats and oils). Students will actively participate in the preparation of a low-fat food. |
| Vitamins, Minerals and Water | Students will identify the sources and functions of select vitamins, minerals and water. Students will actively participate in the preparation of a canned/frozen and/or fresh produce food. |

**Please keep the above portion for your reference throughout the semester. Sign and return the following page to Ms. Pate. You will *not be allowed to cook* until this signed disclosure has been filled out completely and turned in.**

**Student Information Sheet**

**(Please write legibly)**

Course Name: Foods and Nutrition I Class Period:\_\_\_\_\_\_\_\_\_

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (Address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City, State, Zip):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the disclosure document for Ms. Pate’s Foods

(student name)

and Nutrition I course and I understand and agree to abide by the procedures and policies

outlined as well as understand what is expected to succeed in this course.

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Student Signature Date

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Parent or Guardian Signature Date

**This is the place for you to tell me anything else I need to know about your child:**

(Food allergies, misses a lot of school, needs to sit in the front row, needs to wear glasses in class, and etc.)