



HAMILTON TOWNSHIP SCHOOL DISTRICT

Office of Curriculum & Instruction

Scott R. Rocco, Ed.D.
Superintendent of Schools

Anthony Scotto
Director of Curriculum & Instruction

2023-2024 Health Syllabus 10th Grade Topics Aligned to the 2020 Standards

The High School Curriculum is designed to teach students the information and skills they need to become health literate, to maintain and improve health, prevent disease, and reduce health-related risk behaviors. Through this curriculum, students will develop critical thinking, problem solving, and communication skills. In addition, the students will demonstrate good character and behaviors that promote a safe, fit, and healthy family, community, nation, and world.

Driver's Education	<ul style="list-style-type: none"> • Driver Education Theory • NJ State Driver's Manual • Understanding the Automobile • Highway Transportation System 	<ul style="list-style-type: none"> • Insurance • Traffic Laws • Buying/Selling/Insuring a Vehicle • Organ Donation
Substance Awareness	<ul style="list-style-type: none"> • Tobacco Products • Vaping • Alcohol • Medication & Drugs • Substance Abuse 	<ul style="list-style-type: none"> • Dependency • Addiction • Resources for help • Peer pressure
Mental Health and Wellness	<ul style="list-style-type: none"> • Mental health • Emotional health • Mental and emotional problems/disorders 	<ul style="list-style-type: none"> • Recognizing the need for help • Resources for mental health
Drug Awareness & Prevention	<ul style="list-style-type: none"> • SAC Communities Available for Students and Families • Safe Stop 	<ul style="list-style-type: none"> • Narcotics • Fatal Vision Goggles

Please return the bottom portion of this form to your child(ren)'s school

I have reviewed my child(ren)'s agenda and am aware of topics covered in their Health Education. I am also aware that if I wish to opt out my child(ren) from any portions of the family life/sexual health portion of the curriculum, I am to complete the opt out form via PowerSchool.

Student Name: _____ Health Teacher: _____

Parent/Guardian Signature _____ Date _____