

## CTE Contact Information

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**JEFFERSON DAVIS CO. CAREER CENTER  
MEDICAL LIABILITY RELEASE FORM**

**SCHOOL:** \_\_\_\_\_

**ADVISOR:** \_\_\_\_\_

**DIRECTIONS:** Due to legal restrictions, it is necessary that all delegates, parents/guardians, guests, and advisors complete this form. This form should be returned to the Career Center counselor before attending any designated meeting.

**PLEASE TYPE OR PRINT, LEGIBLY, ALL INFORMATION**

Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian/Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Alternate's Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Local Advisor: \_\_\_\_\_ School Name: \_\_\_\_\_

Student is covered by group or medical insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the following information:

Name of insured: \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please completely describe any medical condition which may recur or be a factor in medical treatment:**

a. Allergy: \_\_\_\_\_ e. Physical Handicap: \_\_\_\_\_

b. Convulsions \_\_\_\_\_ f. Medicine Reactions: \_\_\_\_\_

c. Blackouts: \_\_\_\_\_ g. Disease of any kind: \_\_\_\_\_

d. Heart/lung problems: \_\_\_\_\_ h. Other (Be specific): \_\_\_\_\_

If currently taking medication, please provide the following information:

Name of medication: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

**LIABILITY RELEASE:** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release the Jefferson Davis County School District and any designated individual in charge of the group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

**PARENT/GUARDIAN:** Please check one of the following and sign your name.

\_\_\_\_\_ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

\_\_\_\_\_ I do not give my permission for medical treatment until I have been contacted.

\_\_\_\_\_ Jefferson Davis County Career Center may use my image in printed or electronic publication.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)

Delegate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CODE OF CONDUCT**

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SCHOOL: \_\_\_\_\_

CONTACT ADVISOR: \_\_\_\_\_

SECONDARY: \_\_\_\_\_ POST SECONDARY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

1. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all time. (HOSA conference name badges shall be worn at all times.)
2. Members and Advisors are expected to attend all general sessions and other scheduled conference activities.
3. Chapters should not depart any session before it is closed.
4. Members and Advisors images and names may be used in electronic or printed publications.
5. Members are to report any accidents, injuries, or illnesses to their local or state advisor immediately.
6. Members are expected to observe the designated curfew. (Curfew means being in your own room by the designated hour.) Students are not to be in the sleeping room with a member of the opposite sex unless the door is completely open at all times.
7. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
8. Members participating in any HOSA activities at Local, State, or National Conferences will avoid alcoholic beverages (for those under 21 years of age) and will not purchase, consume, or be under the influence of controlled or illegal substances of any form at any time.  
Violators will be subject to disciplinary action.
9. Any long distance phone calls, charges to the room, missing linens, etc. will be the responsibility of the individual student and/or parents.
10. Members are to abide by the State and National HOSA Attire Policy (as stated in memos to Chapter Advisors or addressed in the National Conference Guide) at all business sessions, general sessions, competitive events, and other conference activities.
11. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.

**I have read the above Code of Conduct and agree to abide by these rules.**

Print Name of Parent/Guardian (if under 18)

Date

Parent/Guardian Signature

Print Name of Student

Date

Student Signature

Appendix A-3  
 Graduation Requirements Standard 20  
 Superscript <sup>A</sup>

CTE Curriculum Name	Equivalent Academic Credit
Polymer Science I & II (Course Codes: 994500 and 994501) OR Introduction to Polymer Science I (Course Code: 994502) Introduction to Polymer Science II (Course Code: 994503) Advanced Topics in Polymer Science ( Course Code: 994504) Careers in Polymer Science (Course Code: 994505)	<ul style="list-style-type: none"> <li>2 units of Science (other than Biology I) may be awarded upon completion of the sequence of courses.</li> </ul>
Horticulture I & II (Course Codes: 991400 and 991401) OR Introduction to Horticulture (Course Code: 991402) Horticulture Plant Processes (Course Code: 991403) Horticulture Nursery (Course Code: 991404) Horticulture Landscape and Turfgrass (Course Code: 991405)	<ul style="list-style-type: none"> <li>2 units of Science (other than Biology I) may be awarded upon completion of the sequence of courses.</li> </ul>
Engineering I & II (Course Codes: 994000 and 994001) OR Engineering Fundamentals (Course Code: 994002) Engineering Design (Course Code: 994003) Systems in Engineering (Course Code: 994004) Applied Engineering Concepts (Course Code: 994005)	<ul style="list-style-type: none"> <li>2 units of Science (other than Biology I) may be awarded upon completion of the sequence of courses.</li> </ul>
Forestry I & II (Course Codes: 991500 and 991501) OR Forestry Introduction (Course Codes: 991502) Forestry Surveying and Measurements (Course Codes: 991503) Forestry Cruising (Course Codes: 991504) Forestry Marketing (Course Codes: 991505)	<ul style="list-style-type: none"> <li>2 units of Science (other than Biology I) may be awarded upon completion of the sequence of courses.</li> </ul>
Aquaculture (To be approved by the board in 2017)	<ul style="list-style-type: none"> <li>2 units of Science (other than Biology I) may be awarded upon completion of the sequence of courses.</li> </ul>
Health Sciences (Core) (Course Code: 995100) Health Sciences Core I & II (Course Codes: 995102, 995103) OR Healthcare and Clinical Services (Course Code: 995101) Healthcare and Clinical Services I (Course Code: 995104) Healthcare and Clinical Services II (Course Code: 995105)	<ul style="list-style-type: none"> <li>2 units of Science (other than Biology I) may be awarded upon completion of the sequence of courses.</li> </ul>
Health Sciences (Core) (Course Code: 995100) OR Health Sciences Core I & II (Course Codes: 995102, 995103)	<ul style="list-style-type: none"> <li>½ unit of Contemporary Health</li> </ul>
Concepts of Agriscience (Course Code: 991000)	<ul style="list-style-type: none"> <li>1 unit of Science (other than Biology I) may be awarded upon completion of the single course.</li> </ul>
Science of Agricultural Plants (Course Code: 991003)	<ul style="list-style-type: none"> <li>1 unit of Science (other than Biology I) may be awarded upon completion of 2 sequence course from any of the three</li> </ul>

**JDC Career Center Student Survey 2020/2021**

CTE Class \_\_\_\_\_ Block \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Circle Gender: Male / Female

With whom do you live? (circle one) Parent Relatives Guardian Foster Family

Their Name: \_\_\_\_\_ and Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Is English the main language spoken in your home? Yes, or No. If No. what language is spoken \_\_\_\_\_ Do you have any special needs? (health or academic) Yes or No

If yes, please describe \_\_\_\_\_

At this time what is your plans following high school? Work, Military, College, Other

Were you a student in JDC last year? If No, where were you \_\_\_\_\_

**Support Services**

Have you ever failed a grade? Yes / No. If yes, what grade \_\_\_\_\_

Have you failed a High School class? Yes / No. If yes, what class \_\_\_\_\_

**Subject Area Test Information**

English II	Passed	Failed	Not taken
Algebra I	Passed	Failed	Not taken
Biology	Passed	Failed	Not taken
U.S. History	Passed	Failed	Not taken

**Circle All areas in which you need assistance:**

College/Career Planning Study Skills ACT prep ASVAB prep Subject Area prep

Anger management Organizational skills Social skills Personal Issues Tutoring in the

Subject of \_\_\_\_\_ Other \_\_\_\_\_

*I understand that all information given is voluntary. JDC School District does not discriminate on the basis of race, color, national origin, sex, age, disability, or handicapping conditions in accordance with federal and state law.*

## STUDENT NEEDS ASSESSMENT SURVEY

Date \_\_\_\_\_

Trade Area \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

Listed below are some things students your age need or wonder about. To tell me how you need help, please circle the number on the left.

I need:

1. To know how I did on my standardized tests.
2. To learn more about different careers and jobs.
3. To know more about my strengths and weaknesses in school work.
4. To find out how I can get academic help if needed.
5. To learn about my interests and abilities and what careers go along with them.
6. To find out how to improve my weakest subject.
7. To be able to go different places and watch people work.
8. To know what to expect after high school.
9. To learn about the different kinds of work that people do in our area.
10. To learn how to study both at home and at school.
11. To know how drugs and alcohol affects our lives.
12. To learn how school subjects can help me prepare for a job.
13. To get information on the military and/armed forces.
14. To know how to fill out forms: ACT financial aid, admission to college, etc.
15. To learn how to get college scholarship or other scholarship information.
16. To learn more about programs specific to colleges in my state.
17. To learn how to apply and interview for jobs.
18. To learn how to get along better with my parents, brothers, and sisters.
19. To learn more about why I act the way I do.
20. To learn how to get along better with my friends.
21. To learn how to make decisions and be more sure of myself.
22. To learn how to tell others how I feel.
23. To talk with someone about personal problems.
24. To learn how to get along with the opposite sex.
25. To learn to like myself better.
26. To know how to get along with my teachers.
27. To know how to set goals for myself.
28. To learn how to improve my attitude.
29. To learn how to get help with subject area tests.
30. Other Needs: \_\_\_\_\_  
\_\_\_\_\_

How would you like to visit the counselor?

- a. in the classroom
- b. in a small group
- c. by myself

## Learning Styles Inventory

Directions: Circle the letter before the statement that best describes you.

- 1) If I have to learn to do something, I learn best when I:
  - (V) Watch someone show me how
  - (A) Hear someone tell me
  - (K) Try to do it myself
  
- 2) When I read, I often find that I:
  - (V) Visualize what I am reading in my mind's eye
  - (A) Read out loud or hear the words inside my head
  - (K) Fidget and try to "feel" the content
  
- 3) When asked to give directions, I:
  - (V) See the actual places in my mind as I say them or prefer to draw them
  - (A) Have no difficulty giving them verbally
  - (K) Have to point or move my body as I give them
  
- 4) If I am unsure how to spell a word, I:
  - (V) Write it in order to determine if it looks right
  - (A) Spell it out loud in order to determine if it sounds right
  - (K) Write it in order to determine if it feels right
  
- 5) When I write, I:
  - (V) Am concerned with how neat and well spaced my letters and words appear
  - (A) Often say the letters and words to myself
  - (K) Push hard on my pen or pencil and can feel the flow of the words
  
- 6) If I had to remember a list of items, I would remember it best if I:
  - (V) Wrote them down
  - (A) Said them over and over to myself
  - (K) Moved around and used my fingers to name each item
  
- 7) I prefer teachers who:
  - (V) Use a board or overhead projector while they lecture
  - (A) Talk with lots of expression
  - (K) Use hands-on activities
  
- 8) When trying to concentrate, I have a difficult time when:
  - (V) There is a lot of clutter or movement in the room
  - (A) There is a lot of noise in the room
  - (K) I have to sit still for any length of time
  
- 9) When solving a problem I:
  - (V) Write or draw diagrams to see it
  - (A) Talk myself through it
  - (K) Use my entire body or move objects to help me think

- 10) When given written instructions on how to build something, I:
- (V) Read them silently and try to visualize how the parts will fit together
  - (A) Read them out loud and talk to myself as I put the parts together
  - (K) Try to put the parts together first and read later
- 11) To keep occupied while waiting, I:
- (V) Look around, stare, or read
  - (A) Talk or listen to others
  - (K) Walk around, manipulate things with my hands, or move/shake my feet as I sit
- 12) If I had to verbally describe something to another person, I would:
- (V) Be brief because I do not like to talk at length
  - (A) Go into great detail because I like to talk
  - (K) Gesture and move around while talking
- 13) If someone were verbally describing something to me, I would:
- (V) Try to visualize what he/she was saying
  - (A) Enjoy listening but want to interrupt and talk myself
  - (K) Become bored if her/his description got too long and detailed
- 14) When trying to recall names, I remember:
- (V) Faces but forget names
  - (A) Names, but forget faces
  - (K) The situation where I met the person rather than the person's name or face

Scoring Instructions: Add the number of responses for each letter and enter the total below. The area with the highest number of responses is your primary mode of learning.

<b>Visual</b>	<b>Auditory</b>	<b>Kinesthetic</b>
V = _____	A = _____	K = _____