

Graduation Transitions Standard Activation Assignment

Student's Name: _____

Student's Email: _____ Cell: _____

Parent's Name: _____

Parent's Email: _____

Phone #: _____ Cell #: _____ Gender: M F

Current School: _____

Are you currently timetabled for a support block at another school? Yes No

Have you previously taken a Learn@Home Course? Yes No

I have attached my **carefully** and **thoroughly** completed activation assignment.

By signing below we are making a formal commitment to completing this course through weekly submission of work that meets Learn@Home's Academic Honesty guidelines. I understand the grade for this assignment will be part of my overall course mark.

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Teacher Use Only

Marked Date: _____ Communication Date: _____

Communication Notes: In-Person | Elluminate | Email | Telephone | WebCT | Other

WebCT Snapgrades Google Doc _____ Score: _____

Teacher Signature

Graduation Transition Plan

Full Name: _____

Date Completed: _____



Insert a Photo here that
demonstrates your overall goals or achievements

Unit 1: Personal Health

Personal Fitness Profile

Looking Back – Grade 10

In grade 10, my favourite physical activities were:

I spent at least 30 minutes a day doing the following activities:

I completed PE 10 with a grade of _____

In grade 10, I typically spent the following amount of time **each day** doing physical activities (including walking, sports, skateboarding, snowboarding, heavy labour,...)

- | | | |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> 30 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> More than 3 hours |
| <input type="checkbox"/> 45 minutes | <input type="checkbox"/> 2-3 hours | |
| <input type="checkbox"/> 60 minutes | | |

In grade 10, I think that my fitness level was (circle one):

poor ----- okay ----- good ----- excellent ----- athlete

Looking Back – Grade 11

In grade 11, did you complete a physical education course or outdoor education course? (If Yes, please provide the course name and grade).

In grade 11, my favourite physical activities were:

In grade 11, I spent at least 30 minutes a day, or 120 minutes a week doing the following activities:

In grade 11, I typically spent the following amount of time **each day** doing physical activities (including walking, sports, skateboarding, snowboarding, heavy labour,...)

- | | | |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> 30 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> More than 3 hours |
| <input type="checkbox"/> 45 minutes | <input type="checkbox"/> 2-3 hours | |
| <input type="checkbox"/> 60 minutes | | |

In grade 11, I think that my fitness level was (circle one):

poor ----- okay ----- good ----- excellent ----- athlete

Between grade 10 and grade 11, did your fitness level increase, decrease or stay the same. Please explain your answer.

Looking Back – Grade 12

In grade 12, did you complete a physical education course or outdoor education course? (If Yes, please provide the course name and grade).

In grade 12, my favourite physical activities were:

In grade 12, I spent at least 30 minutes a day, or 120 minutes a week doing the following activities:

In grade 12, I typically spent the following amount of time **each day** doing physical activities (including walking, sports, skateboarding, snowboarding, heavy labour,...)

- | | | |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> 30 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> More than 3 hours |
| <input type="checkbox"/> 45 minutes | <input type="checkbox"/> 2-3 hours | |
| <input type="checkbox"/> 60 minutes | | |

In grade 11, I think that my fitness level was (circle one):

poor ----- okay ----- good ----- excellent ----- athlete

Between grade 11 and grade 12, did your fitness level increase, decrease or stay the same. Please explain your answer.

Please insert a photograph, newspaper clipping or other evidence of your activities from grades 10-12 in the space provided below:



Snapshot of Current Physical Activity

I like to do the following physical activities (select all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Synchronized Swimming |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Speed Skating |
| <input type="checkbox"/> Jogging/running | <input type="checkbox"/> Boxing | <input type="checkbox"/> Curling |
| <input type="checkbox"/> Skiing/boarding | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Snowshoeing | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Heavy Lifting |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Horse Riding |
| <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Roller Blading | <input type="checkbox"/> Animal Grooming |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Biking | <input type="checkbox"/> Juggling |
| <input type="checkbox"/> Football | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Aerobics | <input type="checkbox"/> Skipping |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Yoga | <input type="checkbox"/> Track and Field Sports |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Pilates | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Weight Training | |
| <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Swimming | |

Other (Please Specify):

I typically spent the following amount of time **each day** doing physical activities (including walking, sports, skateboarding, snowboarding, heavy labour,...)

- | | | |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> 30 minutes | <input type="checkbox"/> 1-2 hours | <input type="checkbox"/> More than 3 hours |
| <input type="checkbox"/> 45 minutes | <input type="checkbox"/> 2-3 hours | |
| <input type="checkbox"/> 60 minutes | | |

I like to do the following activities with my friends:

I like to do the following activities by myself:

Looking Ahead – The Next Six Months

Over the next six months I plan to engage in the following physical activities:

I intend to spend at least _____ minutes each day doing physical activities that promote health and fitness.

Looking Ahead – The Next Year

Over the next year, I intend to (circle one) **improve on** / **maintain** my current fitness level.

In order to achieve this I will:

A new activity (or new activities) that I would like to try in the next year is (are):

Looking Ahead – The next Five Years

In the next five years I hope to achieve the following goals for my overall health and fitness:

1. _____
2. _____
3. _____

I intend to achieve these goals by doing the following:

Personal Nutrition Profile

Current Nutritional Habits

You must create and print your own copy of the Canada Food Guide by going to the following website (remember to attach this to your package):

<http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/myguide-monguide/index-eng.php>

Please complete the following chart based on a typical day.

My Typical Day of Eating

Breakfast: (Please list all food and drinks that you would normally eat)

1. _____ ~ food group _____

2. _____ ~ food group _____

3. _____ ~ food group _____

Snack:

1. _____ ~ food group _____

2. _____ ~ food group _____

3. _____ ~ food group _____

Lunch:

1. _____ ~ food group _____

2. _____ ~ food group _____

3. _____ ~ food group _____

Snack:

1. _____ ~ food group _____

2. _____ ~ food group _____

3. _____ ~ food group _____

Dinner:

1. _____ ~ food group _____

2. _____ ~ food group _____

3. _____ ~ food group _____

Other:

Analysis of Daily Nutrition

The Canada Food Guide provides the following breakdown of food types and serving amounts recommended for people of various ages:

Age in Years	Children			Teens		Adults			
	2-3	4-8	9-13	14-18 years		19-50 years		51 + years	
Sex	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

Based on the Information in the chart above (or your personal food guide created in the first step) and your typical daily nutrition, answer the following questions:

Do you eat the right amount of veggies and fruit in a day? Explain.

Do you eat the right amount of grain products in a day? Explain.

Do you eat the right amount of milk and alternatives in a day? Explain.

Do you eat the right amount of meat and alternatives in a day? Explain.

Do you need to make any changes to your daily nutrition habits? If so, what changes would you like to make?

Stress Management Planning

What causes you stress (some examples may include grades, money, family, health,...)? Explain.

What do you currently do to reduce or relieve stress? (Some people use exercise, counseling, time with friends, time management strategies, reading,...)

How effective are your current methods of stress reduction? (Does it work)

In the space below, write a paragraph outlining how you plan to ensure that your positive health choices will outnumber your negative health choices.

Unit 2: Community Connections

Employability and Life Skills

Work Experience

Have you completed 30 hours or more of work or community experience?

- Yes
- No

If you have not yet completed these hours, please contact your teacher to arrange for this.



Which did you complete your 30 hours of experience at?

- Work experience
- Community experience

Where did you complete the majority of your work experience hours?

Please provide at least one reference person who can verify your hours, or documentation that proves that you completed the required hours (such as Passport to Leadership for LIT, pay slip showing hours worked, photographs, etc.). What skills did you acquire while engaged in the work experience hours? (some examples include things like working a till, leadership skills, first aid training,...)

Resumé

You must provide a complete, up-to-date resumé that describes your skills, training and attitudes towards work.

Microsoft™ has several resumé templates and a wizard in their Word program. These are a great way to start a good looking resumé. Please remember that when creating a resumé you are going to use for work, your employer will expect it to look like a normal resumé. Try not to use strange formatting or extra large/small fonts. This will only make it less likely for the employer to bother reading your resumé.

You may find some of these online resumé and advice sites helpful.

<http://office.microsoft.com/en-us/word/HP051896121033.aspx?pid=CH060829781033>

<http://office.microsoft.com/en-us/help/HA012071951033.aspx>

<http://www.how-to-write-a-resume.org/>

<http://www.freeresumehelp.net/how to write a resume.html>

Unit 3: Career and Life

Comprehensive Plan for Transition from Secondary School

Please check each of the following activities that intend to do in the next five years?
Select all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Attend college or university | <input type="checkbox"/> Get married |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Have children |
| <input type="checkbox"/> Work | <input type="checkbox"/> Professional athletics |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Learn something new |
| <input type="checkbox"/> Job training | |

Work Life (complete if you will go directly into the workforce)

If you are planning to go to work immediately after high school, please explain what types of work you are qualified to do.

When will you (or have you) begin to apply for positions?

What job would you most like to have?

How much will a job in this field pay you if you work full time? Are full-time jobs available in your area?

Will the pay from the job allow you to live independently? Explain your answer. (Think of food, utilities, entertainment, transportation, etc.)

If the wages will not be enough to live independently, how do you plan to make ends meet? (Some examples might include finding roommates, or living with family until your job pays better, working more than one job, etc.)

Outline your back-up plan for the possibility that you cannot find a job, or that you cannot get the job that you want.

Education Planning (Complete if you are planning to attend college or university)

What program(s) are you interested in pursuing when you complete secondary school?

What institutions have you applied to? Please attach evidence of application.

What are the prerequisites to the program for which you are applying:

Have you met all of the program prerequisites?

- Yes
- No

If you have not met the requirements, how do you plan to achieve them in order to get into your program of choice?

How are you planning on financing your education?

What is your back-up plan for the event that you do not get into the program/institute of choice?

What career will your education lead to? Please outline your long-term goals as a result of your education.

Please Contact your Teacher to Arrange to Present your Completed Transition Plan