

Alcohol and Smoking

SPHE

Statement Code no: 1

Student: _____

Class: _____

At Junior Certificate level the student can:

Use relevant knowledge about alcohol and smoking to make informed and positive life choices

Date Commenced: / /

Date Awarded: / /

Learning Targets - This has been demonstrated by your ability to:

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| 1 | Explain what alcohol is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | List the reasons why people drink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Know what the effects of alcohol are | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Discuss the dangers of alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Discuss the positive use of alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Discuss the reason why alcohol is illegal for minors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Contrast the cultural uses of alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Give the reasons why some people don't drink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Describe the effects smoking has on the body | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Give reasons why some people smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Explain the different ways people can stop smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Practice the different ways of saying NO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | List the different leisure activities that do not involve alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Work begun | Work in progress | Work completed

Legal and Illegal Substances

SPHE

Statement Code no: 2

Student:

Class:

At Junior Certificate level the student can:

Understand and recognise legal and illegal substances to help you make positive life choices

Date Commenced: / /

Date Awarded: / /

Learning Targets - This has been demonstrated by your ability to:

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| 1 | Define legal drugs and give examples | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Define illegal drugs and list examples | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Describe the benefits of the correct use of prescribed drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Describe situations where medicines can be misused | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Discuss solvent abuse and what it can do to your body | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Know the school policy on drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | List the reasons why people use cannabis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Discuss the dangers of cannabis use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Recognise the personal and social consequences of the use of ecstasy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Recognise the personal and social consequences of the use of heroin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | List the names, addresses and phone numbers of support services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Work begun | Work in progress | Work completed

Bullying

SPHE

Statement Code no: 3

Student:

Class:

At Junior Certificate level the student can:

Identify and label bullying behaviour and possible responses to such behaviour

Date Commenced: / /

Date Awarded: / /

Learning Targets - This has been demonstrated by your ability to:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1 Define what bullying is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Describe the different types of bullying behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Give example of the effects bullying behaviour can have on an individual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Give examples of the effects bullying behaviour could have on a group, class or community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Know the school policy on bullying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Give reasons why someone might bully | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Name the people in school you could report a bullying incident to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 List and describe what you could do if you were being bullied | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 List and describe what you could do if you saw someone being bullied | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Work begun | Work in progress | Work completed

Personal Security and Safety

SPHE

Statement Code no: 4

Student:

Class:

At Junior Certificate level the student can:

Identify and suggest different ways of promoting personal security and safety

Date Commenced: / /

Date Awarded: / /

Learning Targets - This has been demonstrated by your ability to:

- | | |
|--|--|
| 1 Know fire evacuation procedures | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2 Describe the possible dangers in travelling to and from school | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3 Know the rules of the road | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 4 Outline the different ways you could respond if your personal safety was threatened | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 5 List the possible situations in which accidents can occur at home and how they can be avoided | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 6 List the possible dangers in which accidents can occur in school and the workplace and how they can be avoided | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 7 Explain how a cyclist can keep safe on the road | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 8 Describe the ways public transport can be misused and how that affects others | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 9 Name situations where personal safety could be compromised | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 10 Give examples of ways to deal with a potentially dangerous situation | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 11 List the names, addresses and phone numbers of emergency services and support agencies | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Work begun | Work in progress | Work completed