

 **ST-THOMAS HIGH SCHOOL**

**Cooking Grade 9**

**COURSE OUTLINE**

**2015-2016**

**TEACHER:** R. Moushaghayan

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**WEBSITE**: http://moushaghayan.weebly.com

**LEVEL:** Grade 9

**ROOM:** 325

**Course description:**

* Demonstrate basic cooking skills
* Practice safe food handling techniques
* Develop and understand the basics of nutrition and its application
* Identify ingredients needed for baked goods and their functions
* Apply meal management techniques in the creation of a meal
* Explore careers in the foods industry

**EVALUATION**The following tools will be used to assess and evaluate students:

* Preparing and cooking recipes in class/at home
* Assignments/Homework
* Theory done in class and quizzes
* Participation/Clean-up
* Projects

**Classroom Rules/Expectations/Procedures:**

1. Come to class on time with all materials and be seated quietly.
2. Respect all people in the classroom, furniture and materials.
3. Stay at your island unless you have permission to move around.
4. You are responsible for making sure that your area is **thoroughly** cleaned and all equipment is cleaned and properly put away.
5. If you are late, wait at the door until I come see you.
6. You are responsible to make up any missed tests or get the notes for theory you miss.
7. No electronics are allowed to be seen or heard in class.
8. When a fire alarm is heard, all students must be silent and line up quickly. We remain together at all times.
9. All substitute teachers must be treated with respect or detentions will be assigned.

**MATERIALS**

You are expected to bring the following materials to each class:

* 1 ½ inch binder
* Clear plastic sheet protectors
* Dividers
* Blue pen
* Pencils
* Highlighters
* Apron (optional)
* Notebook
* Tupperware for food to take out
* Elastic or clip for long hair



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

Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Daytime phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_