**Application Form for Grades 11 - 12**

**Projects, presentations, materials and resources in Yukon Schools**

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| Application for: Projects, Presentations \_\_\_Out of Territory Agencies\_\_  Resources, Materials \_\_\_\_\_ | | |
| Agency/Department: **Health Canada**  Date of Submission: **26th October, 2019**  Contact Name: **Oli Best**  Phone Number: **604-935-7909**  Email: **obest@inventaworld.com** | | |
| Request initiated by: **Ian Parker** | | |
| Title of project, presentation, resource or material: **Pursue Your Passion – Cannabis Education School Tour** | | |
| Grade | [Curriculum Subject Area](http://www2.gov.bc.ca/gov/content/education-training/k-12/teach/curriculum/english/) | Prescribed Learning Outcome |
| 11 | Physical and Health Education | Analyze health messages from a variety of sources and describe their potential influences on health and well-being |
| 11 | Physical and Health Education | Explain the importance of maintaining personal health |
| 11 | Physical and Health Education | Identify and explain motivational factors influencing participation in recreational activities |
| 12 | Physical and Health Education | Demonstrate reasoned decision-making related to their personal health and well-being |
| 12 | Physical and Health Education | Engage in a variety of recreational activities in different environments |
| 12 | Physical and Health Education | Identify and analyze the relationships between lifestyle patterns and performance in fitness activities |
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| How will this presentation, project, resource or material enhance Yukon schools?  **Educate students on the core functions of the brain and highlight how these can be affected by cannabis use, as well as teaching them about the benefits of a healthy active lifestyle, and how this could be affected by cannabis use.** | | |
| Please list and attach any professional review of this work.  **All messaging was reviewed by Dr. Hanan Abramovici the Senior Scientific Officer in the Office of Medical Cannabis , Healthy Environments and Consumer Safety Branch, Health Canada.** | | |
| Any additional information that you would like to supply should be provided on separate pages. | | |
| Forward application to the Project Approval Committee: [curriculum@gov.yk.ca](mailto:curriculum@gov.yk.ca) | | |
| Department Resource Committee Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Approved: Yes \_\_\_\_\_ No \_\_\_\_\_  Reasons if application is declined: | | |
| Approved for: | | |
| Restrictions, if any: | | |