

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 the student's 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"/> |

- |                                     |                                     |                                     |                  |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Work begun       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Work in progress |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Work completed   |

**2003 Issue**

Profile Meeting	1st	2nd	3rd			
No. of Objectives						