

# INTRODUCTION

## EL CIVICS HEALTH UNIT 26.3

### Beginning Level

**This guide will take you through the Health 26.3 Objective.** The objective is to: *“Identify how, when, and where to obtain free or low cost medical, dental, and other health care services.”*

**There are two tasks for this assessment.**

**In Task 1, using sources such as a telephone directory, the Internet, or teacher generated list, etc.; students identify a level appropriate number of agencies that are related to low-cost health care such as community clinics, hospitals, and/or mental health centers. Students complete a chart listing each agency, with level-appropriate items such as name, phone number address, services provided, eligibility requirements, and documentation needed.**

Page 3: Contains a suggested list of activities and materials for Task 1.

PageS 4-6: **Health Agency Vocabulary List** contains new vocabulary words for this unit.

Pages 7-8: **Health Agency Dialogues** provide practice in asking questions to a medical receptionist.

Pages 9-11: Include **Health Agency Information** pages to help expand the dialogue practice. These practice sheets include specific vocabulary that may be needed for the questions.

Page 12: **Cloze Activity** to practice formulating questions. Provides sample questions that can be asked in person, over the telephone, or researched on the Internet.

Page 13: List of **Local Health Agencies**.

Pages 14-15: **Health Agency Practice Charts**. Students use this chart to fill in correct vocabulary for additional practice before completing final assessment.

Pages 16-18: **Local Agency Information Sheets** to use during assessment.

Page 19: **Task 1: Assessment Chart.**

Page 20: **Health Rubric: Task 1– The task is worth 14 points.**

**In Task 2, students will complete an authentic low-cost medical care application. BL-BH will fill out an authentic low-cost medical care application with a reduced number of sections that student needs to complete.**

Page 21: Explains materials and suggested activities of Task 2.

Pages 22-23: **Vocabulary Practice.**

Page 24: **Practice Application** for completing Task 2 assessment.

Page 25: **Health Assessment Task 2. \*Beginning Students fill out form up to “Insurance Information.”**

Page 26: **Health Rubric: Task 2. The task is worth 16 points.** The score is added to the Task 1 Rubric for a final score for the Health Objective.

Page 27: **Health Objective: Final Score (Tasks 1 and 2)**

**Instructors note total points for your level. At the beginning level, students need to score:**

**LB 10**

**HB 14**

**This number should be explained to students. The score a student receives on Task 1 will be added to Task 2 for the final score. For this objective, if a Low Beginning student scores 6 on Task 1, the student only needs to earn 4 more points on Task 2 to pass the Health 26.3 Objective.**

REMINDER - The activities in this packet are meant to be suggestions for your use on completing the objectives. These additional assessments are not meant to be additional work for you and your students. They are to be incorporated into your regular classroom activities.

# Health Objective: Task 1

Identify how, when, and where to obtain free or low cost medical, dental, and other health care services.

**Level: Beginning**

Task 1	Materials	Suggested Activities
<p>Using sources such as a telephone directory, the Internet, or teacher generated list, etc., students identify a level appropriate number of agencies (e.g. BL-BH=3, IL=4, IH-A=5) that are related to low-cost health care such as community clinics, hospitals and/or mental health centers. Students complete a chart listing each agency, with level-appropriate items such as name, phone number, address, services provided, eligibility requirements, and documentation needed.</p>	<ol style="list-style-type: none"> <li>1. Health Agency Vocabulary List</li> <li>2. Health Agency Dialogue: Part 1</li> <li>3. Health Agency Dialogue: Part 2</li> <li>4. Health Agency Practice Information Sheets</li> <li>5. Health Agency Cloze Activity</li> <li>6. North County Health Agencies (simplified list)</li> <li>7. Health Agency Practice Charts</li> <li>8. Assessment Information Sheets</li> <li>9. Health Agency Task 1: Assessment Chart</li> <li>10. Health Agency Rubric: Task 1</li> </ol>	<ol style="list-style-type: none"> <li>1. Review and practice the <b>Health Agency Vocabulary List</b>.</li> <li>2. Practice <b>Calling the Health Agency Dialogue: Part 1</b> in whole group, then pairs.</li> <li>3. Change information in <b>Dialogue: Part 2</b> according to chart.</li> <li>4. In groups, look at <b>Health Agency Practice Information Sheet(s)</b>. Decide which doctor you need for certain situation (my tooth hurts, my baby has a fever, etc.) Use <b>Health Agency Vocabulary List</b> to discuss what each type of doctor does.</li> <li>5. Look at <b>Health Agency Practice Information Sheet(s)</b> and ask/answer questions. Use <b>Health Agency Cloze Activity</b> to review formulating questions.</li> <li>6. Role play in pairs calling a health Agency to ask the questions. Use the <b>North County Health Agencies List</b> (simplified version) to complete the answers on the chart.</li> <li>7. Complete the questions on the <b>Health Agency Practice Charts</b>. This can be done in partners or individually. Continue practice as needed.</li> <li>8. Have Ss write their questions. Review and explain the <b>Guidelines for Rubric: Health—Task 1</b>.</li> <li>9. Give Ss the <b>Assessment Information Sheets</b> and <b>Assessment Chart</b>. Have them complete the chart.</li> </ol>

# Health Agency Vocabulary List

<p><b>Flu Shots</b></p>  <p><b>Shots to keep you from getting the flu</b></p>	<p><b>Immunizations</b></p>  <p><b>Shots for children to keep them from getting deadly diseases</b></p>
<p><b>Internal Medicine</b></p>  <p><b>Problems inside the body</b></p>	<p><b>Pharmacy</b></p>  <p><b>Place where you can buy medicine</b></p>
<p><b>Prenatal Care</b></p>  <p><b>Help for women who are pregnant (going to have a baby)</b></p>	<p><b>Urgent Care</b></p>  <p><b>Help for emergencies</b></p>

**WIC Screening**



**Help to see if you can receive  
WIC (food for women and  
children)**

**Pediatrics**



**Doctor appointments for children**

**Hearing test**



**Check how well you can hear**

**TB Test**



**Skin test to see if you have  
tuberculosis (disease of the lungs)**

**Vision Testing**



**Check how well you can see**

**Family Practice**



**Doctor appointments for everyone in  
the family**

**Dental**



**Teeth care**

**General Medicine**



**Appointments that are not  
emergencies**

# Health Agency Vocabulary List

Directions: Match the definition with the correct medical term.

- |                          |   |
|--------------------------|---|
| 1. ___ Flu Shots         | A. Appointments that are not emergencies                            |
| 2. ___ Immunizations     | B. Doctor appointments for children                                 |
| 3. ___ Internal Medicine | C. Teeth care   |
| 4. ___ Pharmacy          | D. Check how well you can see                                       |
| 5. ___ Prenatal Care     | E. Check if you have tuberculosis (disease of the lungs)            |
| 6. ___ Urgent Care       | F. Shots to keep you from getting the flu                           |
| 7. ___ WIC Screening     | G. Doctor appointments for everyone in the family                   |
| 8. ___ Pediatrics        | H. Shots for children to keep them from getting deadly diseases     |
| 9. ___ Hearing test      | I. Help for emergencies   |
| 10. ___ TB Test          | J. Help for women who are pregnant (going to have a baby)           |
| 11. ___ Vision Testing   | K. Place where you can buy medicine                                 |
| 12. ___ Family Practice  | L. Check how well you can hear                                      |
| 13. ___ Dental           | M. Problems inside the body   |
| 14. ___ General medicine | N. Help to see if you can receive WIC (food for women and children) |

# Calling the Health Agency Dialogue: Part 1

**Directions:** Practice the dialogue below. Change the questions and answers using the **Additional Vocabulary** below.

<b>Receptionist:</b>	Oceanside Health Clinic, may I help you?
<b>Carmen:</b>	What are your hours today?
<b>Receptionist:</b>	We are open from 8:00 am to 8:00 p.m.
<b>Carmen:</b>	Do you have urgent care?
<b>Receptionist:</b>	Yes, we do.
<b>Carmen:</b>	What is your address?
<b>Receptionist:</b>	727 Concha Avenue in Oceanside.
<b>Carmen:</b>	Do I need an appointment?
<b>Receptionist:</b>	No, you don't.
<b>Carmen:</b>	What identification do I need?
<b>Receptionist:</b>	You need a picture ID.
<b>Carmen:</b>	Do you take children?
<b>Receptionist:</b>	Yes, we do.
<b>Carmen:</b>	Thank you. Goodbye.
<b>Receptionist:</b>	Goodbye.

## Additional Vocabulary

tomorrow on Sunday on Wednesday	· We are closed. · We are open from 8:00 am. to 5:00 · p.m. · We are open from 8:00 am. to 8:00 · p.m.
flu shots vision testing	women's health family practice
	· Yes, we do. · No, we don't.

# Calling the Health Agency Dialogue: Part 2

Use the vocabulary below to change the dialogue.

<b>Receptionist:</b>	Oceanside Health Clinic, may I help you?
<b>Carmen:</b>	What are your hours 1_____?
<b>Receptionist:</b>	We are open from 2_____ to _____.
<b>Carmen:</b>	Do you have 3_____?
<b>Receptionist:</b>	4_____.
<b>Carmen:</b>	What is your address?
<b>Receptionist:</b>	5_____ in 6_____.
<b>Carmen:</b>	Do I need an appointment?
<b>Receptionist:</b>	4_____.
<b>Carmen:</b>	What identification do I need?
<b>Receptionist:</b>	You need a picture ID.
<b>Carmen:</b>	Do you take children?
<b>Receptionist:</b>	4_____.
<b>Carmen:</b>	Thank you. Goodbye.
<b>Receptionist:</b>	Goodbye.

## Vocabulary

- |   |   |
|---|---|
| 1. tomorrow<br>on Sunday<br>on Wednesday                            | 2. We are closed.<br>We are open from 8:00 am. to 5:00 p.m.<br>We are open from 8:00 am. to 8:00 p.m. |
| 3. flu shots<br>vision testing<br>family practice<br>women's health | 4. Yes, we do.<br>No, we don't.   |
| 5. 2437 Mission Avenue<br>946 Melrose Drive                         | 6. Oceanside<br>Vista   |

# Health Agency Information: Practice 1

**Organization:** Oceanside Health Clinic

**Location:** 727 Concha Avenue  
Oceanside, CA 92054

**Hours:** Sunday: Closed  
Monday: 8-8  
Tuesday: 8-8  
Wednesday: 8-8  
Thursday: 8-5  
Friday: 8-5  
Saturday: 8-5

**Phone Number:** 760-555-9281

**Services:** Flu Shots            Family Planning  
Immunization        Hearing Test  
Internal Medicine    Pediatrics  
Pharmacy             Pregnancy Test  
Prenatal Care        TB Test  
Urgent Care          Vision Testing  
WIC Screening        Family Practice

**Languages:** English, Spanish

**Appointment needed:** Yes

**ID needed:** Yes

# Health Agency Information: Practice 2

**Organization:** Vista Pediatrics

**Location:** 2681 Melrose Drive  
Vista, CA 92083

**Hours:**

Sunday: Closed  
Monday: 7:30-6:30  
Tuesday: 7:30-6:30  
Wednesday: 7:30-6:30  
Thursday: 7:30-6:30  
Friday: 7:30-5  
Saturday: 8-4:30

**Phone Number:** (760) 555-3435

**Services:** Immunizations (Children only) Family Planning  
Flu Shots Hearing Test  
Immunization Pediatrics  
Pregnancy Test TB Test  
Urgent Care Vision Testing  
WIC WIC Screening

**Languages:** English, Spanish

**Appointment needed:** Yes

**ID needed:** Yes

# Health Agency Information: Practice 3

**Organization:** Oceanside Health Center

**Location:** 257 Carr Drive  
Oceanside, CA 92054

**Hours:** Sunday: Closed  
Monday: 8-12  
Tuesday: 8-12  
Wednesday: 8-12  
Thursday: 8-12 Prenatal Only / 1-5  
Friday: 8-12 Pediatrics Only  
Saturday: Closed

**Phone Number:** 760-555-4880

**Services:** Dental                      Flu Shots  
General Medicine      Hearing Test  
Family Practice      Women's Health  
Immunization      Internal Medicine  
TB Test                      Vision Testing  
Pregnancy Test      Prenatal Care  
Pediatrics

**Languages:** English, Spanish

**Appointment needed:** No

**ID needed:** Yes

# Health Agency Cloze Activity

Complete the questions below. Use the words in the **Vocabulary Box** only once.

## Vocabulary Box

number	Do	hours	picture
offer	medicine	address	need
When	have		

1. What is your \_\_\_\_\_?
2. Do I need a \_\_\_\_\_ ID?
3. What is your phone \_\_\_\_\_?
4. \_\_\_\_\_ you take children?
5. Do I \_\_\_\_\_ an appointment?
6. \_\_\_\_\_ are you open?
7. What are your \_\_\_\_\_?
8. What services do you \_\_\_\_\_?
9. Do you have internal \_\_\_\_\_?
10. Do you \_\_\_\_\_ urgent care?

## **North County Health Agencies (simplified list)**

### **North Coastal Alliance (Mental Health)**

1701 Mission Avenue  
Oceanside, CA 92054  
(760) 722-3754

### **Oceanside Health Center**

408 Cassidy Street  
Oceanside, CA 92054  
(760) 757-4566

### **San Marcos Health Center**

150 Valpreda Road  
San Marcos, CA 92069  
(760) 736-6700

### **Tri-City Community Health Center**

161 Thunder Drive #212  
Vista, CA 92083  
(760) 631-5030

### **Vista Community Clinic**

1000 Vale Terrace  
Vista, CA 92084  
Appointment Line (760) 631-5220  
(760) 631-5000

## Health Agency Practice Chart: Partner A

**Directions:** Ask your partner for the missing information. Use the Practice Sheets to help you.

Questions	<p style="text-align: center;">Health Agency 1</p> <p>Name <u>Oceanside Health Clinic</u></p>	<p style="text-align: center;">Health Agency 2</p> <p>Name <u>Vista</u></p> <p>_____</p>	<p style="text-align: center;">Health Agency 3</p> <p>Name _____</p> <p><u>Health Center</u></p>
<p>1. What _____ your address?</p>	<p>_____ Concha Ave.</p> <p>_____, CA</p> <p>92054</p>	<p>2681 Melrose _____</p> <p>Vista, _____</p> <p>92083</p>	<p>_____ Carr _____</p> <p>_____</p> <p>92056</p>
<p>2. Do you have _____ care?</p>	<p>Yes, we do.</p>	<p>_____</p>	<p>No, _____.</p>
<p>3. _____ are your hours?</p>	<p>M-W, 8-8</p> <p>Th-S, 8-5</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>M-F, _____</p>
<p>4. Do I _____ an appointment?</p>	<p>No, you don't.</p>	<p>_____</p> <p>_____</p>	<p>_____, you do.</p>

## Health Agency Practice Chart: Partner B

**Directions:** Ask your partner for the missing information. Use the Practice Sheets to help you.

Questions	Health Agency 1 Name <u>Oceanside Health Clinic</u>	Health Agency 2 Name _____ <u>Pediatrics</u>	Health Agency 3 Name <u>Oceanside</u> _____
1. What is your _____?	727 _____ Oceanside, _____ 92054	_____Melrose Drive Vista, CA _____	257 _____ Drive Oceanside, CA _____
2. Do you have urgent _____?	_____ _____	Yes, we do.	_____, we don't.
3. What are your _____?	_____ _____	M-Th, 7:30-6:30 F, 7:30-5 S, 8-4:30	_____, 8-12
4. Do I need an _____?	_____ _____	No, you don't.	Yes, _____.

# Health Agency Information: Assessment 1

**Organization:** San Marcos Health Center

**Location:** 150 Valpreda Road  
San Marcos, CA 92069

**Hours:**

Sunday:	Closed
Monday:	8-7
Tuesday:	8-6
Wednesday:	8-6
Thursday:	8-6
Friday:	8-6
Saturday:	8-5

**Phone Number:** 760-736-6700

**Services:**

Women's Health	Family Planning
Counseling	Pharmacy
Internal Medicine	Pediatrics
Prenatal Care	Pregnancy Test
WIC Screening	Family Practice
Dental	

**Languages:** English, Spanish

**Appointment Needed:** Yes

**ID needed:** Yes

# Health Agency Information: Assessment 2

**Organization:** Oceanside Health Center

**Location:** 408 Cassidy Street  
Oceanside, CA 92054

**Hours:**

Sunday:	Closed
Monday:	8-8
Tuesday:	8-8
Wednesday:	8-8
Thursday:	8-5
Friday:	8-5
Saturday:	8-5

**Phone Number:** 760-757-4566

**Services:** Women's Health    Family Planning  
Urgent Care        Pharmacy  
Internal Medicine    Pediatrics  
Prenatal Care        Pregnancy Test  
WIC Screening        Family Practice

**Languages:** English, Spanish

**Appointment Needed:** Yes, except for Urgent Care

**ID needed:** Yes

# Health Agency Information: Assessment 3

**Organization:** Vista Community Clinic

**Location:** 1000 Vale Terrace  
Vista, CA 92083

**Hours:**

Sunday:	Closed
Monday:	8-8
Tuesday:	8-8
Wednesday:	8-8
Thursday:	8-8
Friday:	8-6
Saturday:	9-4

**Phone Number:** 760-631-5000

**Services:**

Women's Health	Family Planning
TB/Immunizations	Pharmacy
Internal Medicine	Pediatrics
Prenatal Care	Pregnancy Test
WIC Screening	Family Practice
Hearing/Visual tests	HIV testing

**Languages:** English, Spanish

**Appointment Needed:** Yes

**ID needed:** Yes

## Health Agency Task 1: Assessment Chart

Directions: Complete the following chart.

Questions	Health Agency 1  Name _____	Health Agency 2  Name _____	Health Agency 3  Name _____

## Health Agency Rubric: Task 1

### Find Information on Low Cost Health Care

Using sources such as a telephone directory, the Internet, or a teacher-generated list, students identify a level appropriate number of agencies (BL-BH=3, IL=4, IH-A=5) that are related to low-cost health care such as community clinics, hospitals, and/or mental health centers. Students complete a chart listing each agency, with level-appropriate items such as name, phone number, address, services provided, eligibility requirements, and documentation needed.

Use the rubric below to score each question. Content is worth 12 points. Legibility, Neatness, and Spelling are worth 2 points. There are a total of 14 points for this task.

Scoring Rubric	Points (14 possible)
<b>Content</b>	
90% of the items assigned to the Intermediate Low-Advanced level students are correct.	12
80% of the items assigned to the Intermediate Low-Advanced level students are correct.	10
70% of the items assigned to the Intermediate Low-Advanced level students are correct.	8
80% of the items assigned to the Beginning Low-Beginning High level students are correct.	6
70% of the items assigned to the Beginning Low-Beginning High level students are correct.	4
Less than 70% of the items assigned to the Beginning Low-Advanced level students are correct.	0
<b>Legibility, Neatness, and Spelling</b>	
Neat and legible. Spelling errors do not interfere with meaning.	2
Not neat or legible, or spelling errors interfere with meaning.	0

**Task 1 Score:** \_\_\_\_\_

## Health Objective: Task 2

### Complete a Low Cost Medical Care Application

Level: Beginning










Task 2	Materials	Suggested Activities
<p>Student (BL-BH) will fill out an authentic low-cost medical care application with a reduced number of sections that student needs to complete.</p> <p>For this assessment, Beginning students will fill out the practice form and final assessment up to "Insurance Information".</p>	<ol style="list-style-type: none"> <li>1. Application Vocabulary</li> <li>2. Application Vocabulary Exercise</li> <li>3. Practice Medical Care Application</li> <li>4. Task 2 Assessment: Medical Care Application</li> <li>5. Health Rubric: Task 2</li> </ol>	<ol style="list-style-type: none"> <li>1. Review <b>Application Vocabulary</b>.</li> <li>2. Students fill out <b>practice application</b>.</li> <li>3. Review in groups.</li> <li>4. Review the <b>Health Rubric: Task 2</b></li> <li>5. <b>Administer Health Assessment: Task 2</b></li> </ol>

# Medical Application Vocabulary

 <p><b>Telephone</b></p>	 <p><b>Address</b></p>	 <p><b>Spouse (wife/husband)</b></p>
 <p><b>Children</b></p>	 <p><b>Accident</b></p>	 <p><b>Payment</b></p>
 <p><b>Phone Book</b></p>	 <p><b>Drive By</b></p>	 <p><b>Clinic</b></p>

# Medical Application Vocabulary

Directions: Write the name under the correct picture.

 <hr data-bbox="240 787 553 793"/>	 <hr data-bbox="586 787 951 793"/>	 <hr data-bbox="980 787 1382 793"/>
 <hr data-bbox="240 1325 553 1331"/>	 <hr data-bbox="613 1325 924 1331"/>	 <hr data-bbox="1024 1325 1338 1331"/>
 <hr data-bbox="240 1759 553 1766"/>	 <hr data-bbox="613 1759 924 1766"/>	 <hr data-bbox="1024 1759 1338 1766"/>

## Practice Patient Application

Students complete the portion of the application up to "Insurance Information."

### Beginning Level

<b>Patient Information</b>			
Last Name:	First Name:	Middle Int:	
Address:			
City:	State:	Zip:	Telephone:
Date of Birth: __/ __/ __	Sex: M/F	Marital Status S, M, W, D	
Spouse's name:			
Children:			
Were you in an accident? If yes, what happened?			
How did you learn about this clinic? Friend/ Phone Book/ Drive By Other _____			
Employer:			
Address:			
City:	State:	Zip:	Phone:
<b>Person Responsible for Payment:</b>			
Name:			
Address:			
City:	State:	Zip:	Phone:
<b>Insurance Information</b>			
Primary Insurance Name:			
Policy Holders Last Name:	First Name:	Relation:	
Certificate #:	Group #		
Secondary Insurance Name:			
Policy Holders Last Name:	First Name:	Relation:	
Certificate #:	Group #		
<b>Payment Made at Time of Service:</b>			
Signature: (Patient or Parent if Minor)			
Date: _____			

# Health 26.3: Task 2 Assessment

Complete a Low Cost Medical Care Application  
Beginning Students fill out form up to "Insurance Information."

## PATIENT REGISTRATION

PATIENT	Last Name:	First Name:	Middle Int:		
	Address:				
	City:	State:	Zip:	Home Ph:	E-Mail:
	Date of Birth:	Sex: *	Marital Status:		
	Is this visit related to an accident?	Yes	No		
	Were you referred to this practice?	If yes, by whom?			
	Patient's Employer:				
	Employers Address:				
	City:	State:	Zip:	Phone:	
	Social Security #:	Driver's License#:			
Pharmacy of Choice:					
GUARANTOR	Responsible Party Last Name:		First Name:		
	Address:				
	City:	State:	Zip:		
	Phone:	Responsible Party S.S.#:			
	Employers Address:				
<u>STOP</u> INSURANCE INFORMATION <u>STOP</u>					
	Primary Insurance Name:				
	Policy Holders Last Name:	First Name:	Relation:		
	Certificate#:	Group#:			
2	Secondary Insurance Name:				
	Policy Holders Last Name:	First Name:	Relation:		
	Certificate#:	Group#:			
*	Spouse's Name:		Work Phone:		
*	Relative or Friend Not Living With You:		Phone:		
SIGNATURE	AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment directly to the physician of the surgical and/or medical benefits, if any, otherwise payable to me for his/her services as described, realizing I am responsible to pay non-covered services.				
	AUTHORIZATION TO PAY RELEASE INFORMATION: I hereby authorize the physician to release any information acquired in the course of my treatment necessary to process insurance claims.				
	Signature: (PATIENT OR PARENT IF MINOR)				
X	DATE:				

## Health Rubric 26.3: Task 2

### Complete a Low Cost Medical Care Application

Students will complete an authentic low-cost medical care application. **Beginning level students** will complete the application up to the "Insurance Information."

Use the rubric below to score the form. The content is worth 14 points. Legibility, neatness, and spelling are worth 2 points. **The total possible score is 16 points.**

Scoring Rubric	Points
<b>Content</b>	
90% of the items assigned to the Intermediate Low-Advanced level students are correct.	14
80% of the items assigned to the Intermediate Low-Advanced level students are correct.	12
70% of the items assigned to the Intermediate Low-Advanced level students are correct.	10
80% of the items assigned to the Beginning Low-Beginning High level students are correct.	8
70% of the items assigned to the Beginning Low-Beginning High level students are correct.	6
Less than 70% of the items assigned to the Beginning Low-Advanced level students are correct.	0
<b>Legibility, Neatness, and Spelling</b>	
Neat and legible. Spelling errors do not interfere with meaning.	2
Not neat or legible, or spelling errors interfere with meaning.	0

**Task 2 Total:** \_\_\_\_\_

## Health Objective 26.3: Final Score

### Complete a Low Cost Medical Application

Add the scores of Task 1 and 2 together for the final score. Use the rating scale below to determine if a student has passed or not passed.

Rating Scale	
<b>Total Points Possible (Task 1 and Task 2):</b>	<b>30</b>
<b>Advanced:</b>	<b>28</b>
<b>Intermediate High:</b>	<b>24</b>
<b>Intermediate Low:</b>	<b>20</b>
<b>Beginning High:</b>	<b>14</b>
<b>Beginning Low:</b>	<b>10</b>

Task 1: \_\_\_\_\_

Task 2: \_\_\_\_\_

Total: \_\_\_\_\_