



Knowledge Check-Up

General Form for Any Module or Lesson

Date _____ Module _____

Lesson _____

Types of Questions:

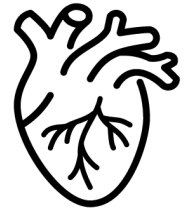
- Clarification (I want to understand it better!)
- Dig Deeper (I want to know more!)
- Application (How does this work into the real world?)
- Cause and effect (What are the consequences of this?)
- Combining information (I'm bringing in something I learned previously!)

Use this space to write down your questions:



Knowledge Check-Up

Module: The Circulatory System and Heart



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

- | | |
|---|--|
| <input type="checkbox"/> DIY Heart Pump | <input type="checkbox"/> Intro to Blood Pressure |
| <input type="checkbox"/> Systole and Diastole | <input type="checkbox"/> Heart Murmurs, Attacks, Failure |
| <input type="checkbox"/> Intro to the Heart | <input type="checkbox"/> Taking Good Care of Your Heart |
| <input type="checkbox"/> Blood and Blood Components | <input type="checkbox"/> Stethoscopes |
| <input type="checkbox"/> Coloring: Heart in Situ | <input type="checkbox"/> EKGs |
| <input type="checkbox"/> Modeling: Heart in Situ | <input type="checkbox"/> Career Pages |
| <input type="checkbox"/> Dissection: Heart | <input type="checkbox"/> Other |

Use this space to write down your questions:



Knowledge Check-Up

Module: The Respiratory System (the Lungs)



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

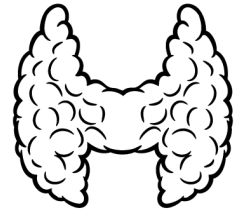
- | | |
|---|---|
| <input type="checkbox"/> Intro to the Lungs | <input type="checkbox"/> COPD and Smoking |
| <input type="checkbox"/> DIY Lung Model | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> How We Make Speech | <input type="checkbox"/> Career Pages |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other |

Use this space to write down your questions:



Knowledge Check-Up

Module: The Endocrine System



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

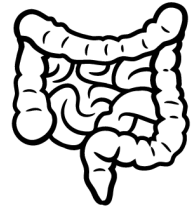
- | | |
|--|---|
| <input type="checkbox"/> Intro to Hormones | <input type="checkbox"/> The Thyroid |
| <input type="checkbox"/> Candy and Blood Sugar | <input type="checkbox"/> The H-P-A Axis |
| <input type="checkbox"/> Intro to Diabetes | <input type="checkbox"/> Career Pages |
| <input type="checkbox"/> How We Grow | <input type="checkbox"/> Other |

Use this space to write down your questions:



Knowledge Check-Up

Module: The Gastrointestinal System



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

- | | |
|--|--|
| <input type="checkbox"/> GI Overview | <input type="checkbox"/> Liver Experiment and Dissection |
| <input type="checkbox"/> Inside the Mouth | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> Teeth and Dental Chart | <input type="checkbox"/> Large Intestine |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Modeling the GI System |
| <input type="checkbox"/> The Stomach/What Goes Wrong | <input type="checkbox"/> Career Pages |
| <input type="checkbox"/> Small Intestine | <input type="checkbox"/> Other |
| <input type="checkbox"/> Liver and Hepatitis | |

Use this space to write down your questions:



Knowledge Check-Up

Module: The Immune System



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

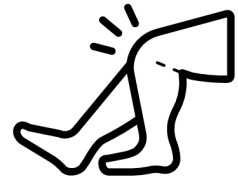
- | | |
|---|--|
| <input type="checkbox"/> Intro to the Immune System | <input type="checkbox"/> Scarlet Fever and Strep |
| <input type="checkbox"/> Meet the White Blood Cells | <input type="checkbox"/> Allergies and Anaphylaxis |
| <input type="checkbox"/> Bugs and Drugs | <input type="checkbox"/> Autoimmune Diseases |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Career Pages |
| <input type="checkbox"/> Vaccines | <input type="checkbox"/> Other |

Use this space to write down your questions:



Knowledge Check-Up

Module: The Musculoskeletal System



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

- | | |
|--|---|
| <input type="checkbox"/> Intro to Bones | <input type="checkbox"/> Skull |
| <input type="checkbox"/> Intro to Joints | <input type="checkbox"/> Muscles of Facial Expression |
| <input type="checkbox"/> Intro to Muscles | <input type="checkbox"/> Cleft Lip and Limb Differences |
| <input type="checkbox"/> Dissection: Chicken | <input type="checkbox"/> Career Pages |
| <input type="checkbox"/> Feet | <input type="checkbox"/> Other |

Use this space to write down your questions:



Knowledge Check-Up

Module: The Neurologic System



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

- | | |
|--|---|
| <input type="checkbox"/> The Brain | <input type="checkbox"/> Using the Frontal Lobe |
| <input type="checkbox"/> Spine and Spinal Cord | <input type="checkbox"/> Amygdala |
| <input type="checkbox"/> Grey and White Matter | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Sleep | <input type="checkbox"/> Career Pages |
| <input type="checkbox"/> Inner Brain Health | <input type="checkbox"/> Other |

Use this space to write down your questions:



Knowledge Check-Up

Module: The Integumentary System



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Intro to the Skin, Hair, and Nails | <input type="checkbox"/> Career Pages |
| <input type="checkbox"/> UV Damage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cuts and Bruises | |

Use this space to write down your questions:



Knowledge Check-Up

Module: The Eight Senses



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

- | | |
|--|---|
| <input type="checkbox"/> Intro to the 8 Senses | <input type="checkbox"/> The Ear and Hearing |
| <input type="checkbox"/> Draw a Human Eye | <input type="checkbox"/> Hearing and Vibrations |
| <input type="checkbox"/> Touch | <input type="checkbox"/> Vestibular System |
| <input type="checkbox"/> Proprioception | <input type="checkbox"/> Career Pages |
| <input type="checkbox"/> The Tongue and Nose | <input type="checkbox"/> Other |
| <input type="checkbox"/> Interoception | |

Use this space to write down your questions:



Knowledge Check-Up

Module: Genetics



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

- | | |
|--|--|
| <input type="checkbox"/> Intro to Genetics | <input type="checkbox"/> Punnett Squares |
| <input type="checkbox"/> Mitosis and Meiosis | <input type="checkbox"/> Pedigrees |
| <input type="checkbox"/> Protein Synthesis | <input type="checkbox"/> Career Pages |
| <input type="checkbox"/> Genetics of Ear Wax | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blood Type | |

Use this space to write down your questions:



Knowledge Check-Up

Module: Healthy Choices



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

Safety

Career Pages

Habits

Other

Thinking About the Future

Use this space to write down your questions:



Knowledge Check-Up

Module: Nutrition



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

- | | |
|---|--|
| <input type="checkbox"/> Intro to Nutrition | <input type="checkbox"/> Vitamins |
| <input type="checkbox"/> Water | <input type="checkbox"/> Minerals |
| <input type="checkbox"/> Fiber | <input type="checkbox"/> How to Read Food Labels |
| <input type="checkbox"/> Protein | <input type="checkbox"/> Career Pages |
| <input type="checkbox"/> Fats | <input type="checkbox"/> Other |
| <input type="checkbox"/> Carbohydrates | |

Use this space to write down your questions:



Knowledge Check-Up

Module: Putting it All Together



Name _____ Date _____

Which Lesson or Lessons Are You Watching:

- | | |
|--|---|
| <input type="checkbox"/> Follow a Red Blood Cell | <input type="checkbox"/> Hereditary Hemochromatosis |
| <input type="checkbox"/> Follow the Oxygen | <input type="checkbox"/> Other |
| <input type="checkbox"/> Follow the Iron | |

Use this space to write down your questions: