

**Elmira Business Institute
Student Syllabus: Medical Billing (MED130)**

Prerequisites: Principles Of Accounting (ACC101), Medical Terminology (MED110)

Course Credits/Clock Hours: 3/60

Course Delivery Mode: Residential

Course Description

This course is designed to introduce the student to the medical billing process as it relates to the medical insurance industry. The student will use procedural and diagnostic codes to complete insurance claim forms for a variety of insurance carriers. The student will learn the appropriate methods of gathering necessary information as it relates to the patient and the patient's record. The student will learn how to apply these methods appropriately to the CMS-1500 claim form. Consideration is given to the use of computers in processing the CMS-1500 claim forms, ethical and unethical practices, as well as, legal, illegal and denied claims. (Lec/Lab/Ext/Total) (30/30/0/60).

Student Learning Outcomes

Upon completion of this course, students will be able to:

- Identify the major types of managed care organizations.
- Apply managed care policies and procedures, such as predetermination, precertification and preauthorization
- Explain various inpatient and outpatient reimbursement methodologies.
- Demonstrate the use of the most current diagnostic and procedure coding classification systems through the completion of coding worksheets.
- Apply insurance claim guidelines through the completion of CMS-1500 insurance forms.
- Understand the components of the revenue cycle.

Required Course Texts & Course Materials

ICD-10-CM, 2019 Edition: Expert for Physicians, 1st Edition. Print. (ISBN: 9780323582735)

CPT 2019 Edition: Current Procedural Terminology, Professional Edition. AMA, Print. ISBN: (9781622027521)

Fordney's Medical Insurance (ISBN: 9780323594400)

Fordney's Medical Insurance Workbook (ISBN: 9780323594417)

Supplemental educational learning materials may include and are not limited to

Medical Insurance Coding Workbook Sheets (Supplemental given by instructor)

Assessment

Medical Assisting students are allowed two attempts to pass each competency. A minimum score of 85 percent is necessary to pass the individual competency. The student must pass every competency in order to pass the course. A minimum grade of a "C" is required to pass the course. Documentation will be housed in the student's academic file.

Essay assignments and research projects will be evaluated on a standard grading rubric. Written examinations will be graded according to content (multiple choice, fill-in-the blank, short answer, and/or essay).

The instructor will endeavor to return student work product by the next official class period whenever possible. Essay and/or research projects will be returned as soon as all class projects have been graded.

Student Homework Policy Statement

Elmira Business Institute (EBI) syllabi contain assignments in alignment with the federal government's definition of appropriate, assigned homework for each credit hour. For each one-credit hour of classroom or direct faculty instruction, two hours of out-of-class student work will be assigned. (For example: A three-credit course will include an average of six (6) hours of homework each week.). For classes with laboratory or clinical work, a three-credit, four-hour class will include an average of six (6) hours of homework each week. For externships, each credit hour will include an average of three (3) hours of homework per week. Assignments are directly relevant to course objectives and learning outcomes and are included at the end of the syllabi. Each assignment will be graded and recorded by the instructor.

Calculation of a Semester Credit Hour

All coursework at Elmira Business Institute is measured in semester credit hours.

- One Semester Credit Hour is equivalent to fifteen (15) clock (contact) hours of lecture.
- One Semester Credit Hour is equivalent to thirty (30) clock (contact) hours of laboratory training.
- One Semester Credit Hour is equivalent to forty-five (45) clock (contact) hours of externship.

Definition of a Contact Hour

One contact hour is defined as 50 minutes within a 60-minute period of instructional activities (lecture, lab, clinical, and externship). The student is required to devote appropriate time to preparation and study outside the classroom.

Evaluation

Assessment Type	% of Grade
Attendance/Professionalism	15%
Quizzes/Tests	20%
Midterm/Final Examination	20%
Homework	25%
Competencies	20%
Total	100%

Grading Scheme

Numerical Average	Letter Grade	Quality Points
95-100	A	4.0
90-94	A-	3.7
86-89	B+	3.3
83-85	B	3.0
80-82	B-	2.7
76-79	C+	2.3
73-75	C	2.0
70-72	C-	1.7
68-69	D+	1.3
66-67	D	1.0
65	D-	0.7
0-64	F	0.0
Withdraw/Failing	W/F	0.0
Withdraw	W	----
Incomplete	I	----
Test Out	TO	----
Transfer of Credit	T	----

Course Policies***Behavioral Standards***

Students are expected to abide by all public laws; to comply with the regulations and policies of the College; and to demonstrate a positive attitude, diligence, and courteous conduct toward instructors, staff, and fellow students. Respect for others in terms of language, demeanor, and attention to others while they are speaking is expected.

The College reserves the right to dismiss or suspend students for conduct which impedes, disrupts, or interferes with the orderly and continuous administration and operation of the College or any unit of the College. Attending EBI is not a right; it is a privilege.

As a part of its mission to prepare students for careers in the business and healthcare world, EBI requires students to dress in a manner that will create a positive self-image. Inappropriately dressed students may not be permitted to attend classes. Students in College externships are required to follow the participating organization's dress code.

No cell phone use or Internet access is allowed in the classroom unless permission is granted by the instructor and usage is course appropriate.

No eating or drinking in EBI's classroom laboratories (medical, business or technology) and Library.

Attendance Policy

Attendance is mandatory and will be used when calculating participation/attendance. Class will begin promptly. Students who are late or absent are responsible to obtain lecture notes, assignments, and announcements after class, so as not to interfere with class time, or the work of

fellow students. One of the first questions a potential employer will ask the Career Services representative about is student attendance. Your attendance in the classroom directly represents your quality of potential work.

Students who do not attend classes after missing 14 consecutive calendar days or who fail to attend classes on a regular basis will be administratively dropped by the College. Since attendance is also used to verify enrollment for financial aid purposes, it is important that students attend classes on a regular basis to avoid loss of financial aid eligibility (student loans) and federal and state grants.

Make-Up Policy

When a student is absent, that student is responsible for making up missed class work. Make-up tests or quizzes may be offered at the instructor's discretion via ONE-STOP at the Library, and it is the student's responsibility to arrange a time at the librarian's convenience. One-Stop tests and quizzes must be taken within one week of the date of absence; failure to make up work, quizzes, or exams in a timely manner may result in a 0 grade. There is no charge for make-up work.

Mid-term or Final Examinations may only be made up with approval from the Campus Director/Dean and appropriate documentation.

Academic Integrity/Plagiarism Rules

Elmira Business Institute is committed to supporting its mission to provide an educational experience designed to develop professional competencies including developing habits of personal and professional integrity. The College expects all members of its community—students, faculty, and staff—to act honestly in all situations. Actions of Academic Dishonesty will not be tolerated. Academic Dishonesty “is any form of cheating and plagiarism which results in students giving or receiving unauthorized assistance in an academic assignment or receiving credit for work which is not their own.” All students are expected to agree to a pledge of honesty concerning their academic work, and faculty is expected to maintain the standards of that code. If you think it may be cheating, it probably is.

Please keep in mind that plagiarism includes:

- Copying another person's work and claiming credit for it
- Failing to give credit—both a works cited and in-text citations are required for information you retrieved from another source whether or not it is a direct quotation
- Incorrectly citing a source
- Failing to use quotation marks for a direct quote
- Improperly paraphrasing—both the words and the structure of your writing must differ from your source

Students will be given a complete policy the first day of class to review and sign.

For questions about plagiarism or assistance at any part of the writing process, please visit the Academic Achievement Center or Library.

Academic Support

Private Instruction

Elmira Business Institute promotes student and faculty private instruction. This student service is provided at no charge for students enrolled in a program. Private Instruction is accomplished in the following way:

- Students should contact faculty members for scheduling private instruction.
- Mandatory private instruction scheduled by an Administrator when necessary.

Faculty Office Hours

The Faculty Office Hours are posted outside the classroom door. This the first stop for help for assignments, study skills, or writing for any course.

Academic Advising/Mentoring

Academic Advising/Mentoring is provided to each student throughout the semester. Staff or Faculty Mentors can facilitate student access to learning resources and answer basic questions regarding EBI academic programs and policies.

The Library

The Library supports the academic programs of the College and offers technology to assist student research in databases and on the Internet. A Librarian is available to assist in research and navigating our resources. Use the Library catalog (<http://ebi.scoolaid.net/bin/home>) to search for a book in the library, access databases and e-books, and find reference tools. Information is also available about community resources, including scholarships, part-time employment, child care, and transportation. Elmira Business Institute maintains a library of hundreds of volumes of reference materials and manuals for the students' use. This facility is used both for independent reading and for study. The Institution also provides its students with access to an e-library containing over 80,000 volumes and reference materials. The e-library is available to the students 24-7 by remote access. Available for students' use is a wide range of resource materials that include encyclopedias, unabridged dictionaries, almanacs, atlases, and many volumes directly related to subjects studied at Elmira Business Institute. Books for general reading are also included. The library is available to students during normal school hours.

STANDARDS OF SATISFACTORY ACADEMIC PROGRESS

The Satisfactory Academic Progress Policy ensures that all Elmira Business Institute students enrolled in a diploma and degree programs are maintaining satisfactory progress towards a successful completion of their academic programs. The criteria and standards contained in the policy are set to recognize academic achievements or to detect problems for which actions of early intervention and/or remediation can be taken. These standards apply to all students whether they are eligible for Title IV funding or not. The Satisfactory Academic Policy complies with the requirements of the federal and state regulatory guidelines and the accrediting commission.

Satisfactory Progress Standards are designed to assess academic progress for classes taken at Elmira Business Institute only and requires a both quantitative measurements and qualitative measurements. Students must maintain satisfactory progress toward the completion of their program.

The following criteria are used to determine whether or not a student is making Satisfactory Academic Progress. These standards monitor whether a student meets the minimum quantitative and qualitative components. A student must be able to:

- Maintain a minimum cumulative grade point average (CGPA)
- Achieve the minimum incremental completion rate (ICR) and
- Complete the program within a maximum allowable time frame (MTF)

Failure to complete courses successfully for any reason will negatively affect Satisfactory Academic Progress. Failing courses or withdrawing from courses could result in extending the length of educational program, the loss of financial aid and/or dismissal. It is important to understand how these situations will impact SAP at your next evaluation points. In order for a student to graduate, the minimum requirements are a CGPA of 2.0 and completion of all required coursework without attempting more than 150% of the credits/hours in the program.

The college determines that a student is maintaining satisfactory academic progress if the student meets or exceeds the quantitative and qualitative standards outlined below, based on the cumulative number of semester credit hours attempted.

A minimum of a “C” is required to pass the course. Documentation will be housed in the student’s academic file. Although, this is the minimum passing grade. Students will need to meet the **Satisfactory Academic Progress** requirements.

Course Schedule

Lesson #	Topic(s)
1	Introduction to class Role of an Insurance Billing Specialist <ul style="list-style-type: none"> • Background of the Industry • Etiquette and Ethics • Scope of Practice and Liability
2	Privacy, Security, and HIPAA <ul style="list-style-type: none"> • Transaction and Code Set Regulations • The Privacy and Security Rules Compliance, Fraud, and Abuse <ul style="list-style-type: none"> • OIG Compliance Guidelines • Compliance as a Career
3	Basics of Health Insurance <ul style="list-style-type: none"> • Health Care Reform • Types of Health Insurance Coverage • Life Cycle of an Insurance Claim

4	The Blue Plans, Private Insurance, and Managed Care Plans <ul style="list-style-type: none"> • Private Health Insurance • Managed Care • Management and Administration of Plans Medicare <ul style="list-style-type: none"> • Policies and Regulations • Utilization and Quality Control • Medicare Reimbursement
5	Medicaid and Other State Programs <ul style="list-style-type: none"> • Programs and Regulations • Eligibility • Medicaid Managed Care
6	TRICARE and Veterans' Health Care <ul style="list-style-type: none"> • History of TRICARE • Health Plans • Veterans Health Administration Program
7	Worker's Compensation <ul style="list-style-type: none"> • Eligibility and Coverage • Types of State Compensation • Medical Reports Disability Income Insurance and Benefit Programs <ul style="list-style-type: none"> • Disability Claims • Federal and State Programs • Claims Submission
8	Midterm
9	Medical Documentation and the Electronic Health Record <ul style="list-style-type: none"> • The Documentation Process • Documentation Terminology • Review and Audit of Health Records
10	Diagnostic Coding <ul style="list-style-type: none"> • International Classification of Diseases • Official Guidelines • The Future of Diagnostic Coding
11	Chapter 13: Procedural Coding <ul style="list-style-type: none"> •
12	The Paper Claim <ul style="list-style-type: none"> • Abstracting from Medical Records • CMS-1500 • Claim Completion Guidelines The Electronic Claim <ul style="list-style-type: none"> • Electronic Data Interchange • Standard HIPAA • Practice Management Systems

13	Receiving Payments and Insurance Problem Solving <ul style="list-style-type: none"> • Revenue Cycle Management • Explanation of Benefits • Filing an Appeal Collection Strategies <ul style="list-style-type: none"> • Collection Strategies • Accounts Receivable • Credit and Collection Laws
14	Ambulatory Surgery Center <ul style="list-style-type: none"> • Types of Ambulatory Surgery Centers • Payment Rates • Hospital Outpatient Prospective Payment Hospital Outpatient and Inpatient Billing <ul style="list-style-type: none"> • Revenue Cycle • Types of Reimbursement Methodologies • Medicare
15	Seeking a Job and Attaining Professional Advancement <ul style="list-style-type: none"> • Maybe omit covering this chapter, as it's covered well in externship class • This would be a review class
16	Final Examination

Please note: Changes to the lessons may be made at the discretion of the instructor throughout the semester.

Revised: August 2018 js, July 2019 cb, August 2019 em, Revised December 2019 drg

Student Name _____

Semester _____ Instructor _____

Medical Billing (2015 Standards)

Comp Number	Description of comp	CAAHEP Identifier	Date Achieved	Grade	Instructor sign off
	Obtain accurate patient billing information	VII.P.3			
	Inform patient of financial obligations for services rendered and display sensitivity when requesting payments	VII.P.4			
	Demonstrate professionalism when discussing patient's billing records	VII.A.1			
	Interact professionally with third party representatives	VIII.A.1			
	Perform diagnostic coding	IX.P.2			
	Complete an insurance claim form (CMS1500) – link diagnosis and procedure codes	VIII.P.4			
	Obtain preauthorization or precertification including documentation	VIII.P.3			
	Utilize medical necessity guidelines	IX.P.3			
	Verify eligibility for services including documentation	VIII.P.2			
	Perform procedural coding with thorough knowledge of : a) Modifiers b) Upcoding c) Bundling of charges	IX.P.1			
	Interpret information on an insurance card	VIII.P.1			
	Define and compare the following types of plans: a) Commercial plans b) Government plans i) Medicare ii) Medicaid iii) Tricare/champva c) Managed Care plans				

All Competencies listed must have had a minimum of three attempts and have been completed with a grade of 85 or better.

Instructor Signature _____ Date _____

Medical Program Director Signature _____ Date _____

Student Name _____ Course **MED 130**
Fordney's Medical Insurance 15th edition, 2020 Linda M. Smith
ABHES 2018 Skills Correlations

Semester: _____
 Instructor: _____

Competencies	Text Chapter	EVALUATION INSTRUMENT: (Textbook/Study Guide Procedure Numbers)	Course	Date	Grade	Faculty Initials	PD Approval
1. General Orientation							
b. Compare and contrast the allied health profession and understand their relation to medical assisting	Chapter 1	1-2 Critical Thinking- Written description of why you are training to become an insurance billing specialist, or if enrolled in Medical Assisting why are you motivated to seek a career in Medical Assisting.	MED 130				
d. List the general responsibilities and skills of a Medical Assistant	Chapter 4	4-2 Critical Thinking: Administrative Sequence of Processing an Insurance Claim	MED 130				
2. Anatomy and Physiology							
c. Identify diagnostic and treatment modalities as they relate to each body system	Chapter 12	12-3: Obtain General Diagnostic Codes For Conditions	MED 130				
3. Medical Terminology							
c. Apply medical terminology for each specialty	Chapter 12	12-3: Obtain General Diagnostic Codes For Conditions	MED 130				
	Chapter 13	13-2: Introduction to CPT and Coding Evaluation and Management Services	MED 130				
d. Define and use medical abbreviations when appropriate and acceptable	Chapter 13	13-2: Introduction to CPT and Coding Evaluation and Management Services	MED 130				
a. Follow documentation guidelines	Chapter 4	4-2: Critical Thinking – Administrative Sequence of Processing an Insurance Claim	MED 130				
		4-6: Abstract Data from an Insurance Identification Card					
	Chapter 14	14.4 Locate Errors on a Completed Health Insurance Claim Form					
		14.6 Complete a Claim Form for a Medicare Case					
b. Institute federal and state guidelines when: 1.) Releasing medical records or information. 2.) Entering Orders in and utilizing electronic health records	Chapter 14	14.4 Locate Errors on a Completed Health Insurance Claim Form	MED 130				
		14.6 Complete a Claim Form for a Medicare Case					
c. Follow established policies when initiating or terminating medical treatment	Chapter 4	4-6: Abstract Date from an Insurance Identification Card	MED 130				
	Chapter 5	5.2 Obtain authorization for Consultation from a Managed Care Plan (5-4 may also be used)					

e. Perform risk management procedures	Chapter 3	3-2: Critical Thinking- Fraud Versus Abuse	MED 130				
	Chapter 4	4-6: Abstract Data from an Insurance Identification Card	MED 130				
f. Comply with federal, state, and local health laws and regulations as they relate to healthcare settings 1) Define the scope of practice for the medical assistant within the state where employed 2) Describe what procedures can and cannot be delegated to the medical assistant and by whom within various employment settings 3) Comply with meaningful use regulations	Chapter 4	4-2: Critical Thinking – Administrative Sequence of Processing an Insurance Claim	MED 130				
	Chapter 5	5-2: Obtain Authorization for a Consultation From a Managed Care Plan (5-4 may also be used)	MED 130				
	Chapter 6	6-3: Complete a Medicare Advance Beneficiary Notice of Non-Coverage	MED 130				
g. Display compliance with the Code of Ethics of the profession	Chapter 2	2-2 Critical Thinking: Incidental Disclosure vs. HIPAA violation	MED 130				
	Chapter 3	3-2: Critical Thinking- Fraud Versus Abuse	MED 130				
h. Demonstrate compliance with HIPAA guidelines, the ADA Amendments Act, and the Health Information Technology for Economic and Clinical Health (HITECH) Act	Chapter 2	2-2 Critical Thinking: Incidental Disclosure vs. HIPAA violation	MED 130				
	Chapter 5	5-2: Obtain Authorization for a Consultation From a Managed Care Plan (5-4 may also be used)	MED 130				
5. Human Relations							
c. Assist the patient in navigating issues and concerns that may arise (i.e., insurance policy information, medical bills, and physician/provider orders)	Chapter 4	4-6: Abstract Data from an Insurance Identification Card	MED 130				
	Chapter 5	5-2: Obtain Authorization for a Consultation From a Managed Care Plan (5-4 May also be used)	MED 130				
	Chapter 6	6-3: Complete a Medicare Advance Beneficiary Notice of Non-Coverage	MED 130				
	Chapter 17	17-7 Complete a Financial Agreement	MED 130				
d. Adapt care to address the developmental stages of life	Chapter 5	5-2: Obtain Authorization for a Consultation From a Managed Care Plan (5-4 may also be used)	MED 130				
f. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork	Chapter 1	1-2 Critical Thinking- Written description of why you are training to become an insurance billing specialist, or if enrolled in Medical Assisting why are you motivated to seek a career in Medical Assisting.	MED 130				
	Chapter 3	3-2: Critical Thinking- Fraud Versus Abuse	MED 130				
	Chapter 5	5-2: Obtain Authorization for a Consultation From a Managed Care Plan (5-4 may also be used)	MED 130				
	Chapter 6	6-3: Complete a Medicare Advance Beneficiary Notice of Non-Coverage	MED 130				

g. Partner with health care teams to attain optimal patient health outcomes	Chapter 5	5-2: Obtain Authorization for a Consultation From a Managed Care Plan (5-4 may also be used)	MED 130				
h. Display effective interpersonal skills with patients and health care team members	Chapter 5	5-2: Obtain Authorization for a Consultation From a Managed Care Plan (5-4 may also be used)	MED 130				
	Chapter 6	6-3: Complete a Medicare Advance Beneficiary Notice of Non-Coverage	MED 130				
7. Administrative Procedures							
a. Gather and process documents	Chapter 4	4-2: Critical Thinking – Administrative Sequence of Processing an Insurance Claim	MED 130				
		4-6: Abstract Date from an Insurance Identification Card					
	Chapter 5	5-2: Obtain Authorization for a Consultation From a Managed Care Plan (5-4 may also be used)	MED 130				
	Chapter 6	6-3: Complete a Medicare Advance Beneficiary Notice of Non-Coverage	MED 130				
	Chapter 12	12-2: Locating Information in ICD-10-CM, Vol. 2	MED 130				
	Chapter 14	14.4 Locate Errors on a Completed Health Insurance Claim Form	MED 130				
		14.6 Complete a Claim Form for a Medicare Case					
	Chapter 17	17-7 Complete a Financial Agreement	MED 130				
c. Perform billing and collection procedures	Chapter 4	4-2: Critical Thinking – Administrative Sequence of Processing an Insurance Claim	MED 130				
		4-6: Abstract Data from an Insurance Identification Card					
	Chapter 5	5-2: Obtain Authorization for a Consultation From a Managed Care Plan (5-4 may also be used)	MED 130				
	Chapter 6	6-3: Complete a Medicare Advance Beneficiary Notice of Non-Coverage	MED 130				
	Chapter 17	17-7 Complete a Financial Agreement	MED 130				
d. Process insurance claims	Chapter 4	4-2: Critical Thinking – Administrative Sequence of Processing an Insurance Claim	MED 130				
		4-6: Abstract Data from an Insurance Identification Card					
	Chapter 5	5-2: Obtain Authorization for a Consultation From a Managed Care Plan (5-4 may also be used)	MED 130				
	Chapter 6	6-3: Complete a Medicare Advance Beneficiary Notice of Non-Coverage	MED 130				
	Chapter 12	12-2: Locating Information in ICD-10-CM, Vol. 2	MED 130				
		12-3: Obtain General Diagnostic Codes For Conditions	MED 130				
	Chapter 13	13-2: Introduction to CPT and Coding Evaluation and Management Services	MED 130				
		13-7: HCPCS/ Modifier Code Match					

	Chapter 14	14-4: Locate Errors on a Completed Health Insurance Claim Form	MED 130				
		14-5: Complete a Claim Form for a Medicare Case					
	Chapter 17	17-7: Complete a Financial Agreement	MED 130				
g. Display professionalism through written and verbal communications	Chapter 5	5-2: Obtain Authorization for a Consultation From a Managed Care Plan (5-4 may also be used)	MED 130				
	Chapter 6	6-3: Complete a Medicare Advance Beneficiary Notice of Non-Coverage	MED 130				
	Chapter 17	17-7 Complete a Financial Agreement	MED 130				
h. Perform basic computer skills	Chapter 14	14-5: Complete a Claim Form for a Medicare Case	MED 130				
10. Career Development							
b. Demonstrate professional behavior	Chapter 3	3-2: Critical Thinking- Fraud Versus Abuse	MED 130				
	Chapter 4	4-2: Critical Thinking – Administrative Sequence of Processing an Insurance Claim	MED 130				
	Chapter 17	17-7 Complete a Financial Agreement	MED 130				
c. Explain what continuing education is and how it is acquired	Chapter 1	1-2 Critical Thinking- Written description of why you are training to become an insurance billing specialist, or if enrolled in Medical Assisting why are you motivated to seek a career in Medical Assisting.	MED 130				

All Competencies listed must have a minimum of two attempts and have been completed with a grade of 85% or higher.

Instructor Signature: _____

Date: _____

Medical Assisting Program Director Signature: _____

Date: _____

Career Readiness Assessment “CRA” ☐ Midterm ☐ Final

Student Name: _____ Course ID: _____ Instructor: _____

	Total Points	Excellent (16-20 points)	Good (11-15 points)	Fair (6-10 points)	Poor (0-5 points)
Attendance		The student arrives on time for the course, and stays for the duration of the class. Attends at least 90% of the class.	The student arrives on time for the course and stays for the duration of the course. Attends at least 85% of the class.	The student arrives late or does not stay for the duration of the class. Attends at least 75% of the class.	The student generally arrives late for the course, or stays for fewer than 65% of the class.
Class Engagement (Initiative)		Proactively contributes to class by regularly offering ideas and asking questions.	Proactively contributes to class periodically offering ideas and asking questions	Rarely contributes to class by offering ideas and asking questions.	Never contributes to class by offering ideas and asking questions.
Listening Skills		Actively listens when others speak during in-class activities. Incorporates the ideas of others in questions/comments.	Listens when others speak both in groups and lecture.	Does not listen in groups or lecture and is not engaged during class	Does not listen in groups and lecture. Interrupts or talks in class.
Behavior		Never displays disruptive behavior, respectful of others in actions and language, and cooperates in a classroom environment.	Rarely disruptive, partial participation in group activities	Occasionally disruptive, rarely participates in group activities.	Very disruptive with actions and language or never participates in group activities.
Professionalism		Always prepared for class, hands in work at beginning of class, and follows appropriate dress code. The student does not use electronic devices inappropriately.	Usually prepared for class, often hands in work at beginning of the class, and mostly follows appropriate dress code. The student rarely uses electronic devices inappropriately.	Rarely prepared for class, rarely hands in work at the beginning of the class, and rarely follows dress code. The student often uses electronic devices inappropriately.	Almost never prepared for class, excessively hands in work late, and does not follow dress code. The student excessively uses electronic devices inappropriately in the classroom.

Total Points: ____/100

Professionalism Grade
15%