



SYLLABUS FORM

2015-2016

Please complete this form with one or both of your parents/guardians.

PART 1

STUDENT: *I have read the course syllabus and will do my best to be successful. I understand there are consequences (both positive & negative) for my choices/actions, and will work hard to earn grades no lower than a "C".*

- Print Name: _____
- Signature: _____
- Course: _____
- Period: _____

PARENT/GUARDIAN: *I have read the course syllabus and will do my best to support my child to be successful. I understand there are consequences (both positive & negative) for my child's choices/actions and will do my best to help them understand that.*

- Print Name: _____
- Signature: _____
- Relationship to student: _____
- Do you still have any questions about the course after reading the syllabus? _____
- If yes, then please list them:

PART 2

Please print as clearly and answer honestly. Thank you!

- Student Class Period: _____
- Student First Name: _____
- Student Last Name: _____
- Parent/Guardian #1 Name: _____
- Parent/Guardian #1 Email: _____
- Parent/Guardian #2 Name: _____
- Parent/Guardian #2 Email: _____
- What is your parent’s experience with math in school?

Student’s Goals for this class: check/highlight the top three

| | |
|--|--|
| <input type="checkbox"/> Passing grade of C or higher | <input type="checkbox"/> No detentions or referrals |
| <input type="checkbox"/> Excellent attendance | <input type="checkbox"/> To stay organized |
| <input type="checkbox"/> No missing assignments | <input type="checkbox"/> Have supplies everyday |
| <input type="checkbox"/> Understanding of this course’s content | <input type="checkbox"/> Good quiz & test grades |
| <input type="checkbox"/> Ask questions & participate in class discussions/groups | <input type="checkbox"/> Not talk at the wrong times or be a distraction/disruption in class |
| <input type="checkbox"/> Other : | |

Parent’s Goals for Child for this class: check/highlight the top three

| | |
|--|--|
| <input type="checkbox"/> Passing grade of C or higher | <input type="checkbox"/> No detentions or referrals |
| <input type="checkbox"/> Excellent attendance | <input type="checkbox"/> To stay organized |
| <input type="checkbox"/> No missing assignments | <input type="checkbox"/> Have supplies everyday |
| <input type="checkbox"/> Understanding of this course’s content | <input type="checkbox"/> Good quiz & test grades |
| <input type="checkbox"/> Ask questions & participate in class discussions/groups | <input type="checkbox"/> Not talk at the wrong times or be a distraction/disruption in class |
| <input type="checkbox"/> Other : | |

- Is there anything you would like me to know to help you (student) be successful in this course? _____
