

Advanced Technologies Academy
 Dr. Gunn's 2009-2010 Course Expectations
 9180 – Computer Based Projects

SIGNATURE PAGE

Student Printed Name: _____
 Grade Level: _____ Student ID #: _____
 Program Area _____
 Class: **9180 – Computer Based Projects** Class Period #: _____

STUDENT SECTION

I understand it is my RESPONSIBILITY to make sure that all assignments are turned-in on time. If I find that I can NOT submit any given assignment on time, I can make arrangements with Dr. Gunn to use Assistance Period and that I can always email Dr. Gunn whenever I have problems; especially, if I do NOT understand an assignment, need to make it up, and/or if Dr. Gunn was NOT able to explain an item, to my satisfaction, during class. IT IS MY RESPONSIBILITY to follow up and complete assignments in a timely manner.

Additionally, it is MY RESPONSIBILITY to properly maintain my school's computer, network account, and internet usage privileges, as well as the use of a computer and internet privileges at home. I understand that I am to review the topics listed below with at least one of my parent(s)/guardian(s). After you finish the review, have your parent/guardian complete the Parent/Guardian Section of this form and return it to Dr. Gunn next class.
 THIS COUNTS AS A GRADED ACTIVITY.

Student Signature: _____
 Date Signed: _____

PARENT/GUARDIAN SECTION

I/We have reviewed these course expectations with our student. Feel free to include any comments or concerns on the reverse side of this page. I/We understand how to contact Dr. Gunn if there are any questions.

COURSE EXPECTATIONS "DISCUSSED WITH STUDENT" CHECKLIST

<input type="checkbox"/> Instructor Information <input type="checkbox"/> Course Scope <input type="checkbox"/> Course Goals <input type="checkbox"/> Estimated Timeline <input type="checkbox"/> Textbook/Materials <input type="checkbox"/> Assignment and Homework <input type="checkbox"/> CTSO's	<input type="checkbox"/> Parent-Student-Teacher Communication Information <input type="checkbox"/> Grading Policy <input type="checkbox"/> Computer & Internet Connection Privileges are a Course Requirement <input type="checkbox"/> Classroom Behavior Expectations & Citizenship Grading <input type="checkbox"/> Scholastic Dishonesty <input type="checkbox"/> Personal Communication Devices <input type="checkbox"/> Additional Information
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Printed Name of Primary Parent/Guardian to Contact: _____
 Main Telephone Number of Primary Contact: _____
 Secondary Telephone Number of Primary Contact: _____
 E-mail Address of Primary Contact: _____
 Street Address of Primary Contact: _____

 Printed Name of Alternate Parent/Guardian: _____
 Alternate Telephone Number: _____
 Primary Parent/Guardian Signature: _____
 Date Signed: _____

THIS PAGE MUST BE RETURNED BY NEXT CLASS PERIOD -- IT IS A GRADED ACTIVITY