**Science Supplies:**

Composition Notebook, Pencils, Highlighters, Headphones/Earbuds

**FEE: $3 per student for field research** **due to ASB window by September 30th.**

**GRADING:**

Assessments 50%

Classwork 40%

Employability 10%
\*If a student receives a low score on an assignment, the student can redo the assignment or retake an assessment during the current quarter.

**SCHOLAR HOUR:**

*September 23-May*

Monday, Tuesday, & Thursday

* Free Tutoring
* Grade Recovery
* Snack Provided
* Need to apply

Mill Creek M.S.

Office:
253-373-7446

**I’ve failed over and over again in my life. And that’s why I succeed.** *-Michael Jordan*

KEEP THIS PAPER ALL YEAR

Dear Mill Creek Families,

We are excited to work with your student this year! We believe all students can learn and grow, and that failure is the opportunity to track progress and learn from our mistakes. In our classrooms, we make decisions based on the developmental needs of students. Every decision made, and strategy used is research based and developmentally appropriate. We teach students to set goals, track their own growth, evaluate their learning and reflect on their challenges.

Please take a moment to review the syllabus so you can become familiar with the policies and procedures of our classrooms. Family involvement is a strong indicator for student success. We welcome your involvement in your student’s academic experience.

We look forward to working with you towards guiding your student towards a promising future!

Sincerely,

Ms. Ackerman, Ms. Diamond, Ms. Hernandez, and Ms. Rutter

****

 **MS. GAIL ACKERMAN**

**MS. SHANNON HERNANDEZ
253-373-6178 – ROOM C112**

**Email:** Shannon.Jephson-Hernandez@kent.k12.wa.us

 **253-373-6183 – ROOM C113**

 **Email:** Gail.Ackerman@kent.k12.wa.us

"In the end we will conserve only what we love;
We will love only what we understand;
and we will understand only what we are taught."
-Baba Dioum, 1968

**What you do makes a difference, and you have to decide what kind of difference you want to make."**

 **-Dr. Jane Goodall**

**Dr. Jane Goodall**

**MS. MOLLY RUTTER
253-373-6179 – ROOM C104**

**Email:** Molly.Rutter@kent.k12.wa.us

** MS. JENNIFER DIAMOND**

 **253-373-6177 – ROOM C114**

 **Email:** Jennifer.diamond@kent.k12.wa.us

“**Education** **is the most powerful**

**weapon which you can use to change the world.”  -- Nelson Mandela**

**Nothing will work unless you do.** *– Maya Angelou*

**Policies & Procedures**

**CLASSROOM/HOMEWORK POLICY -** Students are given class time for assignments. Homework is not assigned, unless the student does not finish work in class or was absent. With an excused absence, students may take one day per day excused for make-up work. Large projects assigned for set presentation dates MUST be turned in on-time electronically. Students are able to turn these projects in early when absences are anticipated.  **Absent students need to make up any missed work.**

**SCHOLAR PROGRAM (Tutoring) - Mill Creek provides free tutoring after school.** All students that go to tutoring or any after school club, must fill out the after-school application. Students with a 70% or below are encouraged to receive tutoring.

**EMPLOYABILITY -** Students are expected to productive, accountable, welcoming, and safe, then are rewarded for their positive behavior choices. Also, students are expected to follow reasonable requests by any adult in the building. For example, if any staff member asks a student for their name, they must tell the person their real name. All reasonable requests are for the safety of our students and will not physically harm the student. Our school has a ZERO-TOLERANCE policy on bullying to ensure a safe environment for all students, this includes the use of profanity, insults, or slurs that refer to personality, gender, sexual orientation, religion, needs, looks, etc. Our team uses a STEP plan for when students choose to not follow the school and classroom policies.

Step 1: Remind student of expectations.

Step 2: Solution and call home.

Step 3: Call home, assign detention.

Step 4: Meet as a team and discuss with parent/guardian(s) for next steps.

Step 5: Refer to school administrators, assign detention, and create plan.

Also, students are expected to follow the school/district tech policies as agreed upon in the use policies. Students are expected to display professional courtesy by putting away headphones and cell phones once the student enters the classroom. Tech violations are monitored. Excessive violations may result in the temporary removal of laptops.

**ATTENDANCE/TARDY POLICY -** Late students are marked tardy, unless with an excused pass. Tardy students have already missed out on learning time and will not be allowed bathroom or water fountain privileges for that day only.

**BATHROOM/HALL PASSES LOG -** When students request to leave the classroom, (excluding 10 minutes after or before the class time bell), the student must sign in/out in their planner. Students are expected to go to the bathroom during the passing times and during lunch, not during class whenever possible.

**STUDENTS ARE NOT ALLOWED TO LEAVE FOR LOCKERS/OFFICE/OTHER TEACHERS….**

If they are needed someone will call for them. All personal needs must be handled during passing time or lunch time.

**FOOD IN THE CLASSROOM -** There is much research related to student performance and nutrition. Changes in blood sugar can affect a student’s ability to focus during the day. We highly encourage students to eat breakfast and lunch during the school day. All snacks need to be put away during class, unless the teacher provided the food.

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_**

RETURN TO YOUR SCIENCE CLASS BY FRIDAY (9/13)

**PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREFERRED FORM OF CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KNOWN ALLERGIES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHAT DO YOU WANT ME TO KNOW ABOUT YOUR STUDENT THAT WILL HELP US HELP HIM/HER BE SUCCESSFUL THIS YEAR?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QUESTIONS FOR THE TEACHERS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHICH OF THESE ACTIVITIES CAN YOU COMMIT TO ATTENDING?**

**IS YOUR STUDENT ALLOWED TO PARTICIPATE IN AFTER SCHOOL TUTORING?**

**YES / NO**

* **OPEN HOUSE** (Sept 26th, 6:30-8:30pm) **YES / NO**
* **FALL CONFERENCES** (Nov 19th) **YES / NO**
* **SPORTING EVENTS** (dates vary, time around 3:45-6:00pm) **YES / NO**
* **SCHOOL CONCERTS** (dates vary, times vary 6:30-9:00pm) **YES / NO**
* **END of the YEAR PRESENTATIONS** (in June, time around 5:30-6:30pm) **YES / NO**
* **FIELD TRIPS** (vary during the school day) **YES / NO**

**PARENT/GUARDIAN PARTICIPATION**

**Please read the syllabus and review with the student about the classes. Your student’s signature and your signature below let us know your student shared this information with you and are taking steps to show us they want to be responsible. Students will be required to get your signature for student-led conferences, and occasional assessments. Thank you for supporting your student’s team.**

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KENT PUBLIC SCHOOLS**

School District No. 415, King County

Kent, Washington

**Field Trip Parental Information**

September 2019

Dear Parents:

Your child’s class will be attending many field trips this year around our school 2019/2020. We will leave from Mill Creek Middle School and will be back at the school before the end of each day. Before each trip, a Skyward notification will be sent out by the teacher.

Transportation Driver

\_\_\_\_\_\_ School Bus \_\_\_\_\_ District

\_\_\_\_\_\_ School Auto \_\_\_\_\_ Parent (Private Limo Driver)

\_\_\_\_\_\_ Private Auto **\_\_\_X Student**

**\_\_\_X\_ Walking**

Field Trip Parental Permit

 September 2019

To Teacher:

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take a field trip around the Mill Creek area with the transportation arrangements as specified below:

Transportation Driver

\_\_\_\_\_\_ School Bus \_\_\_\_\_ District

\_\_\_\_\_\_ School Auto \_\_\_\_\_ Parent (Private Limo Driver)

\_\_\_\_\_\_ Private Auto **\_\_X\_\_ Student**

**\_\_\_\_X\_Walking**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Cell Phone

**KENT PUBLIC SCHOOLS**

School District No. 415, King County

Kent, Washington

**Permiso de Padres Para El Paseo**

                                                                           Septiembre, 2019

Estimados Padres:

La clase que atiende su hijo está planeando un paseo a lugares cerca de sus escuela como parte de sus lecciones regulares 2019/2020. Saldremos de Mill Creek y regresaremos a la escuela aproximadamente antes el fin de cada dia.

Transporte será:                                                                  Piloto será:

\_\_\_\_ Bus Escolar                                                       \_\_\_\_ Del Distrito

\_\_\_\_ Automóvil Escolar                                                      \_\_\_\_ Padre

\_\_\_\_ Automóvil Personal                                                    **\_\_X\_\_ Alumno**

**\_X\_ Caminando**

Permiso de Padres Para El Paseo

Septiembre, 2019

Maestra:

Con este, doy mi permiso para que \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ asista al paseo a lugares cerca Mill Creek como parte de sus lecciones regulares. Saldremos de Mill Creek y regresaremos a la escuela antes el fin de cada dia**.** Doy mi permiso en esta dia en el transporte indicado abajo:

Transporte será:                                                                  Piloto será

\_\_\_\_Bus Escolar                                                                \_\_\_\_Del Distrito

\_\_\_\_Automóvil Escolar                                                      \_\_\_\_Padre

\_\_\_\_Automóvil Personal                                                    **\_\_X\_Alumno**

**\_\_X\_\_Caminando**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                     Firma de Padre o Guardados

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nombre de Padre o Guardados

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Numero Celular

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period \_\_\_\_\_\_ Teacher (circle):

Rutter

Ackerman

Turner

Basten

Kraght

Hernandez

Diamond

 **MILL CREEK MIDDLE SCHOOL**

 **SCIENCE LAB SAFETY CONTRACT**

Science is a hands-on laboratory class. However, science activities may have potential hazards. We will use some equipment that may be dangerous if not handled properly. Safety in the science classroom is an important part of the science process. To ensure a safe classroom, a list of rules has been developed and is called the Science Safety Contract. These rules must be followed at all times. Additional safety instructions will be given for each activity.

***No science student will be allowed to participate in science activities until this contract has been signed by both the student and a parent or guardian.***

**SAFETY RULES**

1. Conduct yourself in a responsible manner at all times in the science room. Horseplay, practical jokes, and pranks will not be tolerated. (PHONES ARE TO BE IN BACKPACKS AT ALL TIMES)
2. Follow all written and verbal instructions carefully. Ask your teacher questions if you do not understand the instructions. (LESSONS ARE TO BE NOTED IN THE PLANNER)
3. Do not touch any equipment, supplies, animals or other materials in the science room without permission from the teacher.
4. Perform only authorized and approved experiments. Do not conduct any experiment when the teacher is out of the room.
5. Never eat, drink, chew gum, or taste anything in the science room. (NO FOOD OUTSIDE THE CAFETERIA)
6. Keep hands away from face, eyes, and mouth while using science materials or when working with either chemicals or animals. Wash your hands with soap and water before leaving the science classroom.
7. Wear safety glasses or goggles when instructed. Never remove safety glasses or goggles during an experiment. THERE WILL BE NO EXCEPTIONS TO THIS RULE!
8. Keep your work area and the science room neat and clean. Bring only your lab instructions/worksheets and writing instrument to the work area.
9. Clean all work areas and equipment at the end of the experiment. Return all equipment clean and in working order to the proper storage area.
10. Follow your teacher’s instructions to dispose of any waste materials generated in an experiment.
11. Report an incident (fire, spill, breakage, etc.), injury (cut, burn, etc.) or hazardous condition (broken equipment, etc) to the teacher immediately.
12. Consider all chemicals used in the science room to be dangerous. Do not touch or smell any chemicals unless specifically instructed to do so.
13. Always carry a microscope with both hands. Hold the arm with one hand; place the other under the base.
14. Treat all preserved specimens and dissecting supplies with care and respect:
* *Do not remove preserved specimens from the science room.*
* *Use scalpels, scissors, and other sharp instruments only as instructed.*
* *Never cut any material toward you—always cut away from your body.*
* *Report any cut or scratch from sharp instruments to the teacher immediately.*
1. Never open storage cabinets or enter the prep/storage room without permission from the teacher.
2. Do not remove chemicals, equipment, supplies or animals from the science room without permission from the teacher.
3. Handle all glassware with care. Never pick up hot or broken glassware with your bare hands.
4. Use extreme caution when using matches, a burner, or hot plate. Only light burners when instructed and do not put anything into a flame unless specifically directed to do so. Do not leave a lit burner unattended.
5. Dress properly—long hair must be tied back, no dangling jewelry, and no loose or baggy clothing. Wear aprons when instructed.
6. Learn where the safety equipment is located and how to use it. Know where the exits are located and what to do in case of an emergency or fire drill.
7. No sitting on the lab benches, on desks during labs, or at chairs at the lab station.
8. Students will be expected to pay a replacement cost for any equipment that they break or damage beyond repair.

**AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name--printed) have read and understand each of the above safety rules set forth in this contract. I agree to follow them to ensure not only my safety but also the safety of others in the science laboratory or classroom. I also agree to the general rules of appropriate behavior for a classroom at all times to avoid accidents and provide a safe learning environment for everyone. I understand that if I do not follow all the rules and safety precautions, I will not be allowed to participate in science activities.

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dear Parent or Guardian:** We feel that you should be informed of the school’s effort to create and maintain a safe science classroom/laboratory environment. Please read the list of safety rules. No student will be permitted to perform science activities unless this contract is signed by both the student and parent/guardian and is on file with the teacher. Your signature on this contract indicates that you have read this Science Safety Contract, reviewed it with your child, and are aware of the measures taken to ensure the safety of your son/daughter in the science classroom.

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Questions:**

Does your child wear **contact lenses**? Y or N

Is your child **color blind**? Y or N

Does your child have any **allergies**? Y or N

If so, please list: