**Student - Parent - Teacher Contract \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parents and Students:

Welcome to Holly Grove Middle School and *Advanced Computer Skills & Applications*. I am excited to have this opportunity to work with your child in my class this year. Prior to teaching I was in the business world. I bring a real world outlook to the computer and keyboarding classes and would like to share my experiences with the students so they can learn the skills necessary succeed in their future educational and chosen career path.

Don’t hesitate to contact me by phone at *919-567-4177* or via email at [*rlocklear@wcpss.net*](mailto:rlocklear@wcpss.net)

**GRADING PERCENTAGE**

TEST…………………35%

QUIZ………………..30%

CLASSWORK…….25%

FOLDER CHECK…10%

Thank you, Mr. Locklear

**Coursework**

1. Word Processing: Microsoft Word Software 2013
2. Spreadsheets: Microsoft Excel Software 2013

**Late Work Policy:**

1 day late

10% deducted

2 days late 20% deducted

3 days late 30% deducted

4 or more days late 40% deducted (max deduction)

1. Presentations: Microsoft PowerPoint Software 2013
2. Advanced Spreadsheets & Charts: Excel Software 2013
3. Database Application: Microsoft Access Software 2013
4. Desktop Publishing: Microsoft Publisher Software 2013

***NOTE:*** *Makeup work is the student’s responsibility*

**STUDENT EXPECTATIONS**

|  |  |
| --- | --- |
| **Be Respectful** | * Be in your seat to begin assignment * Do not talk unless given permission * Keep work area clean, push in chair and return to log-in screen before leaving class |
| **Be Accountable** | * Turn all work in when due * Keep your hands to yourself & your own computer * NO Gum, Candy, Food or Drink in classroom * Only visit websites approved by teacher |
| **Be Responsible** | * Remain in assigned seat until class is dismissed * Do not print without permission * Do not change computer settings |

**Computer Usage**

During this course students will use the computer for educational purposes. Students are expected to follow all Lab Rules/procedures laid out by the teacher and Wake County schools.

1. *No Food/Drinks Permitted*
2. *Computers are to be used as directed by the Instructor*
3. *Students will not tamper with computers, change desktops, homepages*
4. No unauthorized use of the Internet - email, games, facebook, texting, cell phone use, IPOD’s or any other electronic device or medium. LANSCHOOL Classroom management software will be used to track and manage student’s activity while using the computer lab. Students are not allowed to access websites without approval of the Instructor.
5. Failure to follow the above lab rules may result in loss of Computer and/or Internet access at HGMS.

**Extra Assistance**

I strongly recommend Academic Assistance for any student who feels that they are not performing up to their standards to come in before or after school Mondays through Thursdays. Every student has the opportunity to be successful in the classroom.

Please contact Mr. Locklear if you have any questions or concerns in reference to the Computer Skills & Applications II class syllabus or student expectations.

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Fill out all information below completely. ***Please cut or tear*** **on the dotted line** keep the above information and return the contact information to Mr. Locklear.

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardians Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardians Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have received information about the CTE curriculum, materials, student expectations and grading policy. I will support my child in meeting class expectations.**

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_