

(Insert Title of the Course)

(Insert your Name)

## SYLLABUS

(Insert Class Days and Times)  
(Insert Prep Time)

I. COURSE DESCRIPTION (include content/skills addressed and/or special assessments/certifications/licensing preparation)

II. INSTRUCTIONAL GOALS (students will know & be able to do...)

III. NEEDS AND RESOURCES

IV. TEACHER EXPECTATIONS

V. CLASSROOM POLICIES & PROCEDURES

VII. GRADE DISTRIBUTION SCALE

VIII. CONTACT INFORMATION

- Phone number
- Email
- Best time to contact

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

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