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| ESSEX COUNTY Schools of Technology | (INSERT SCHOOL NAME)(INSERT SCHOOL YEAR) |

# (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: \_\_\_\_\_\_