



Study Skills Syllabus

Teacher: Mrs. Muniz

Course: Study Skills

Room: 18

Period: 7th

Course Description: This study skills class is designed to support student learning in their other classes. Students have been assigned this class by IEP or 504 plan based on their need for support. This class is a graded class and students need to do the required work/ activities designed to support them in order to pass this class. Students will get support in becoming more organized, information on improving study habits, and work on goals they have set for themselves. Students will receive help on assignments and study time for their other classes.

All assignments will be posted on Google Classroom. Assignments will not be accepted late, as they are based on individual days and weeks. If your child is ill, please let me know. I can excuse them from assignments as appropriate and help them to catch up in their other classes.

Study Hall Time: Students will receive study hall time to work on assignments from other classes. Students are required to have a book to read if they do not have homework that day. Students will lose participation points if they are off task, or disruptive.

Daily Check-In: The students will come in and write an entry of what they plan on working on in class that day, and what they need to work on throughout the week. They will use the daily check-in sheet on Google Classroom to complete that task.

Goals/Grade checks: At the beginning of the year each student will set goals they want to accomplish during the school year. They will create a vision board for the year. Each week, on Friday, students will do a grade check and quick reflection to see if they are on track to meet their goal.

Supplies: One box of pencils

Grading Policy:

Daily Check-In: 50%

Participation: 30%

Grade Check: 20%

Syllabus Parent signature Sheet

To ensure that parents/guardians and students are aware of the guidelines and expectations for this class, please sign, date and **return this page only** with your student. Students receive **credit** for returning this sheet. I appreciate your time and cooperation.

Student Name

Print: _____

**Student
Signature:** _____

Date: _____

Parent/Guardian Signature:

Date: _____

Please complete the following information:

Best number to reach you? _____

Email? _____

Is there anything you feel I should know about your child to help them be more successful in my class?