

Electronic Devices Policy  
2017-2018

Mrs. Scott's \_\_\_\_\_ classroom is an academic environment, where students are expected to be engaged in learning by listening, questioning, and actively participating. It is considered unacceptable and disrespectful to be distracted by a cell phone or other electronic devices in academic and work settings. It is the policy of the school that cell phones and other electronic devices not be seen, heard or turned on during class time, unless given the go-ahead by the teacher. This policy is located on p. 23-24 of the student planner.

No one is allowed to photograph or video any part of the classroom without permission from the students, teacher(s) in the room, administrators, or visitors.

All students are valued and Mrs. Scott wants each student to experience success in the classroom and increase their chemistry knowledge and skills. A shared responsibility to be fully engaged in the classroom activities will make the learning environment more positive and fun for all. **There will be a place for cell phones to be safely stored during class time if a student cannot follow the policy.**

I value full and engaged learning in my classroom to the extent that I feel signing this policy will ensure that each student and parent/guardian has read this policy and approved that the goal is to learn and be fully engagement in the classroom activities.

Any questions or concerns should be directed to Mrs. Scott.

[sscott@parkwayschools.net](mailto:sscott@parkwayschools.net) or 314-415-5782 classroom

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I, \_\_\_\_\_ have read the Electronic Devices Policy and understand that any electronic device (including a cell phone) must be turned off and out of sight while I am in Mrs. Scott's room. I also understand that if my electronic device is seen or heard in Mrs. Scott's classroom she will store it in a safe locked location in the room and return the device at the end of the block. If problems with electronic devices escalates, an administrator will be included to mediate the issue.

\_\_\_\_\_, \_\_\_\_\_  
Student Signature Read on (Date)

\_\_\_\_\_, \_\_\_\_\_  
Parent/Guardian Signature Read on (Date)