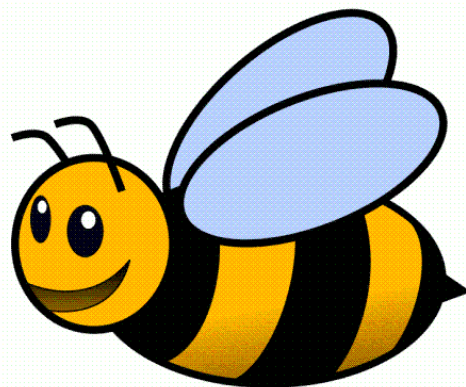


# Welcome to 4<sup>th</sup> Grade!

Please complete this information packet and return it to me as soon as possible. **This is important information for my classroom use.** Please let me know if you have any questions.

Thank you, Mrs. Honeycutt



*"If we teach today the way we taught yesterday we aren't preparing students for today or tomorrow." – Anonymous*

# STUDENT INFORMATION

Parent(s)/Guardian(s),

In an effort to make sure that I can stay in communication with you – please complete this form so that I have your current and updated contact information.

Thank you for your help. ☺ Mrs. Honeycutt

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Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Members at Home: \_\_\_\_\_

Siblings at school (student name, grade and teacher): \_\_\_\_\_

## Parent Contact Information

Mother's / Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Best time to be reached: \_\_\_\_\_

Father's / Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Best time to be reached: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Best time to be reached: \_\_\_\_\_

Please add any additional information that you think might be useful: \_\_\_\_\_

If your child is picked – up at school, whom may they be released to? \_\_\_\_\_

Does your child walk to school? \_\_\_\_\_ Will your child attend after-school care? \_\_\_\_\_ Does your child ride the Bus? \_\_\_\_\_

Please complete the information below. This is helpful information for me to know about your child.

Is your child Left-Handed or Right-Handed?  
\_\_\_\_\_

Favorite Food: \_\_\_\_\_ Favorite Hobby: \_\_\_\_\_

What things is your child interested in? \_\_\_\_\_

Favorite thing to do as a family: \_\_\_\_\_

Does your child watch television daily? \_\_\_\_\_ How much? \_\_\_\_\_

Favorite television program(s): \_\_\_\_\_

Do you have a computer at home? \_\_\_\_\_ If so, are you connected to the internet? \_\_\_\_\_

Does your child use the computer at home? \_\_\_\_\_ How much? \_\_\_\_\_

Does your child play video games? \_\_\_\_\_ How much? \_\_\_\_\_

If so, what type (name) of game does he/she prefer? \_\_\_\_\_

What other forms of technology are available to your child in your home? \_\_\_\_\_  
\_\_\_\_\_

Does your child read daily? \_\_\_\_\_ How much? \_\_\_\_\_

Favorite type of reading and/or book(s): \_\_\_\_\_

Does your child speak another language at home? \_\_\_\_\_ What language(s)? \_\_\_\_\_

Does your child have any allergies or medial concerns? \_\_\_\_\_  
\_\_\_\_\_

What are your child's academic strengths? \_\_\_\_\_  
\_\_\_\_\_

In the following areas how do you see your child's ability (please circle one in each area)?

Reading	Above Average	Average	Below Average
Handwriting	Above Average	Average	Below Average
Writing	Above Average	Average	Below Average
Math	Above Average	Average	Below Average
Knowledge of Art	Above Average	Average	Below Average
Knowledge of Technology	Above Average	Average	Below Average
Knowledge of Science	Above Average	Average	Below Average
Knowledge of Social Studies	Above Average	Average	Below Average

What academic areas do you want to see your child improve in? \_\_\_\_\_

\_\_\_\_\_

Does your child have any academic concerns? \_\_\_\_\_

\_\_\_\_\_

Does your child have any social concerns? \_\_\_\_\_

\_\_\_\_\_

Does your child wear glasses, have trouble seeing, or have hearing troubles? \_\_\_\_\_

\_\_\_\_\_

Does your child have any other special restrictions or limitations? \_\_\_\_\_

\_\_\_\_\_

**Please add any other information that you think would be helpful:** \_\_\_\_\_

\_\_\_\_\_

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# Holiday Survey

In an effort to better understand the student population in my classroom during the school year and the holiday seasons – please complete the survey below and return it to school as soon as possible.

**This survey is optional and confidential** – it is only to help me plan for the holiday seasons.

Please let me know if you have any questions. Thank you for your continued support.

Mrs. Honeycutt

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Student Name: \_\_\_\_\_

What holiday(s) do you celebrate during the school year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child celebrate his/her birthday? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child believe in Santa Claus, Saint Nicholas, or other? \_\_\_\_\_

Do you have any questions? \_\_\_\_\_

\_\_\_\_\_

## Please BEE... AWARE!



School **STARTS** at **8:00am**, students that arrive after this time are late.  
School **ENDS** at **3:00pm** and **1:00pm on Wednesday**.

I will start class at 8:00 a.m. and will not finish our day until 3:00 p.m. **I do not dismiss students from the classroom until the final bell at 3:00 p.m.** I want to value every moment that I have with your child during the school day!

- There is no supervision for students before 7:30am. Students should not be on the campus before 7:30am (**there is not adult supervisor available for students before 7:30am**).

- **Parents should not be in the building before**

**school starts.** *\*If you need to speak to me, please set up an appointment with me.*

- **ALL visitors must check in** at the front office and get a visitors pass from the office staff. **You MUST check in at the office before, during and after school.** *\*Everyone is **REQUIRED to wear a badge on campus!***

- The district does have an attendance policy for all Elementary Students.

- Students will receive a warning after three absences, a potential attendance contract after five absences and retention for excessive absences without medical documentation.

- The state does have a policy that states that after 10 consecutive absences, the state requires schools to automatically withdraw the student. It is also considered a Class 3 misdemeanor in Arizona if a parent of a child age 6-16 who fails to ensure that child's school attendance. The district is also looking at hiring a truant officer to ensure that parents are sending their children to school.

# Agreement Form

I, \_\_\_\_\_ [name of student], understand the following below.

- **Parent/Student Packet Understanding Agreement**
  - I have read and understand the Parent/Student Packet.
- **Understanding of Dress Code**
  - I understand the Dress Code Policy and that it is enforced in Mrs. Honeycutt's Classroom.
- **Library Agreement**
  - I understand that I am responsible for any books that I borrow from Mrs. Honeycutt's classroom during the 2011-2012 school year. I **MUST return them** in "good condition". **If I do not return the book or if it is ruined from improper use – I understand that I will not be allowed to borrow any more books from the classroom library.** In signing below, I am saying "Yes, I would like to participate in the classroom library check out in Mrs. Honeycutt's classroom during the 2011-2012 school year". *\*This will not start until September. \*\*If you do not wish to participate please complete the box below.*

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Signature of Student]

\_\_\_\_\_  
[Signature of Parent(s)]

\_\_\_\_\_  
[Signature of Mrs. Honeycutt]

**IF you DO NOT wish to participate  
in the Classroom Library**

– please check here. \_\_\_\_\_

Please sign here: \_\_\_\_\_

Please date here: \_\_\_\_\_

# Video Conferencing

## Permission

As part of our technology learning experiences, I often use video-conferences to enhance my lessons with my students. I will be using the FREE program, Skype and the district video conferencing software to conduct these video-conferences.

\_\_\_\_\_ I do give my child permission to participate in these video-conferences.

\_\_\_\_\_ I do not give my child permission to participate in these video-conferences.

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Name of Student]

\_\_\_\_\_  
[Signature of Parent(s)]

**IF you have any questions regarding video-conferencing and the purposes I use it for, please let me know. I would be happy to share my past experiences with you about video-conferencing with my students and my hopes of using video-conferencing with my students this year.**

**In the past I have done the following video-conferences:**

- Spoke with a Military Service member serving in Afghanistan (before, during and after deployment)
- the Manhattan School of Music
- Philadelphia Art Museum
- Ann Arbor (Michigan) Children's Museum
- England – Children's Center
- Classes and Schools in Michigan, Arizona, and Pennsylvania – we read stories to each other and talked about where we live.
- Meet with someone and saw the Winter snow outside.
- And the possibilities are endless....



# classroom Volunteers!

\_\_\_ I would like to be a room parent and I am able to participate as a room parent for the entire school year from August to May.

Responsibilities:

- Help plan room parties
- Help plan game/activities for parties
- Attend parties to serve refreshments and assist with activities.

\_\_\_ I would like to help supply items / treats for parties. I understand that my phone number will be given to the room parent so that he/she may contact me. My phone number is: \_\_\_\_\_

\_\_\_ I would like to be the classroom PTO representative and attend PTO meetings.

\_\_\_ I would like to attend classroom field trips.

\_\_\_ I would like to help at school by:

\_\_\_ Assisting with small groups in learning centers (keeping students on task, keeping voices low, playing games, etc.)

\_\_\_ Reading with students

\_\_\_ Doing clerical work (running copies, checking in homework, etc.)

\_\_\_ Giving extra practice to students

\_\_\_ I have a special interest/talent that I would like to share with the class. (Please describe on the back).

Volunteer's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

# Make Your DAY Program

## Dear Parents/guardians

This year I will be implementing a behavior program titled, "Make Your Day." The rules are simple:

**"No one has the right to interfere with the learning or safety of others."  
"Do what is expected and do it the best that you can."**

These expectations summarize the philosophy of the Make Your Day program. It is based on the premise that every person within the school environment has the right to complete his or her responsibilities without interference from others. Below are the actions taken if the rules are broken.

**Step 1:** The student will be asked privately to take a seat facing away from the academic setting. The student is to spend 2 to 5 successive minutes quietly thinking about the problem he/she had. If the student is successful in doing this, then the student may return to the academic setting and continue working.

**Step 2:** If a student fails to take advantage of this time away from work, the student is asked to stand away from the academic setting 2 to 5 minutes before returning to Step 1. When success is met for 2-5 successive minutes, the student returns to Step 1.

**Step 3:** If Step 3 is chosen, the student will be asked to fill out a reflection behavior form in another classroom. Once this is completed correctly, the student will return to step 2. You will be asked to sign & return this form. With the following questions to answer: Tell what you did, Did you choose to do that?, Was that a good choice?, What rule did you break?, Why is this rule important to follow?, What can you do to correct your behavior?, How do you think your teacher feels about what you did?, What will help you make the right choices in the classroom?, What should happen if you make the wrong choice in the classroom again?, Tell of a specific time you made a good choice, How did you feel when you made a good choice?

**Step 4:** If problems continue beyond Step 3 or if the student chooses Step 4, the student will have chosen to call the parent for a phone conference.

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[Date]

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[Signature of Student]

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[Signature of Parent(s)]