

Safety in Science

Laboratory Safety Contract

I have been instructed in the necessary safety procedures required in this course.

I, _____, agree to abide by the following guidelines:

1. Safety apparel will be worn when specified by the instructor.
2. Long or loose hair will be tied back. Excessively loose clothing or jewelry will not be worn.
3. All safety rules and regulations will be followed.
4. There will be no drinking or eating in the laboratory.
5. Experiments will be done in the specified order with the prescribed quantities of chemicals.
6. Only the chemicals specified by the teacher will be used. No unauthorized experimentation will be done.
7. The proper use of safety equipment and correct evacuation procedures will be followed.
8. Wash hands thoroughly before beginning and after completing an experiment.
9. Contact lenses will not be worn during specified experiments.
10. Horseplay or other inappropriate behavior will not be tolerated during laboratory experiments.
11. Never taste chemicals or smell them directly.
12. Never pick up broken glass with bare hands.
13. Report all accidents, no matter how minor, to the teacher.
14. Never work without teacher supervision in the lab.
15. Do not remove any chemicals or equipment from the lab without the teacher's permission.

Failure to follow these guidelines may result in reduction in grade, disciplinary action, and/or exclusion from laboratory activities.

Student Signature _____

Parent Signature _____

Date: _____

Sign and return this form to your science teacher.

Student name: _____

Parent name: _____

Parent Email: _____
(please print)

Phone: _____



**Parent Questionnaire
2011-2012**

Dear Parent: *Please help me learn to appreciate your child from your unique perspective. Thank you!*

1. My child is special and unique because

2. What are some of your child's strengths and/or weaknesses?

3. What does your child like about school?

4. What doesn't your child like about school?

5. My child's favorite subject is

6. My child's least favorite subject is

7. Last time my child received a low grade was in _____ because

8. When my child graduates from high school, she/he plans to

9. My child learns best when

10. What are some activities your child likes to do outside of school?

11. My child uses technology for about _____ min/hr. each day. (internet, texting, Facebook, video games, etc.)
(circle)
12. My child spends about _____ min/hr. watching television each day.
(circle)
13. My child spends about _____ min/hr. reading each day.
(circle)
14. What would you like your child to work on this year?

15. What can you tell me about your child that will help me teach them more effectively?

Additional comments: _____