

# Mr. Murray, IPC

## Smart Science Safety



These are here for your safety and the classroom's safety during all labs.

- I will act responsibly at all times in the laboratory.
- I will follow all instructions about laboratory procedures given by the teacher.
- I will learn the location and operation of safety equipment such as eye wash, fire blanket, and fire extinguisher.
- I will never perform any unauthorized experiments.
- I will wear my safety goggles and protective clothing during a lab when necessary.
- I will contact the teacher immediately of any emergency.
- I will keep long hair tied back, remove jewelry, wear closed-toe/heel shoes at all times during a lab.
- I will never work alone in the laboratory.
- I will never bring food into a lab. I will never sample any lab materials unless instructed by teacher.
- I will only handle living and preserved specimens when authorized by the teacher.
- I will never enter the store room unless supervised by a teacher.

I, \_\_\_\_\_, have read each of the above safety statements and understand each. I agree to abide by the smart science safety rules and all other written or verbal instructions provided by the school district of my teacher.

Consequence for not following the above could consist of any or all of the following:

- I will be removed from the lab setting with no argument.
- I will have points deducted or receive an automatic zero.
- I will not be permitted to return to a lab situation until a conference has been held with my teacher and my parents regarding the misconduct.

I, \_\_\_\_\_ understand and agree to any of the consequences if I choose to break the rules.  
(student name)



Sign above and keep in a safe and accessible place all year.

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Sign below and turn in to Mr. Murray

I have read and understand the safety statements and consequences. I also know that I am responsible for my behavior during every lab.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

As a parent, it is vital to emphasize to your student the importance of observing all of these safety rules during each lab.

Parent/ Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Daytime (emergency) phone number \_\_\_\_\_

Any known allergies (Example: ammonia, sulfur) \_\_\_\_\_

# Mr. Murray, IPC

## Classroom Rules and Discipline Plan

*The following are in addition to the School Rules and Discipline Plan.*

### ***Classroom Rules -***

- 1) Respect the learning environment, yourself, your peers, and the teacher.
- 2) Come ready to learn, bringing all supplies to class daily.
- 3) Water may be brought to class, but no food or other drinks. Also, no CD players, headphones, gameboys, cell phones, etc., in class.
- 4) Follow all instructions immediately without debate.

### ***Classroom Discipline Plan***

The following are consequences for *positive* behavior in class, escalating in importance.

- 1) Teacher praise.
- 2) An easy and enjoyable school year!
- 3) Student pride in a job well done!

The following are consequences for *negative* behavior in class, escalating in severity.

- 1) Teacher reprimand.
- 2) Teacher D-Hall.
- 3) Parent call.
- 4) Referral to Assistant Principal.

(Note: severe classroom disruption will result in immediate action, possible removal from class, and may necessitate immediate escalation to step 4.)

I have read, understand, and agree to adhere to the Classroom Rules and Discipline Plan.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Sign below and turn in to Mr. Murray

I have read, understand, and agree to adhere to the Classroom Rules and Discipline Plan.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers at which you can be reached: \_\_\_\_\_

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