[](http://www.pflugervilleisd.net/HHS/index.cfm)

**AP Chemistry Syllabus & Safety Contract 2019-2020**

Kristopher Carter [kristopher.carter@pfisd.net](mailto:kristopher.carter@pfisd.net) 512-594-1267 B201

Ryan Kubicek [ryan.kubicek@pfisd.net](mailto:ryan.kubicek@pfisd.net) 512-594-1268 B202

Hiral Mathur [hiral.mathur@pfisd.net](mailto:hiral.mathur@pfisd.net) 512-594-1282 B217

Websites: The following site contains a class calendar, tutorial times and helpful resources.

<https://sites.google.com/pfisd.net/hhsapchemistry/home>

## Tutorial Times: To be filled in in class. Information also available on class website.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Monday*** | ***Tuesday*** | ***Wednesday*** | ***Thursday*** | ***Friday*** |
| ***8:15 – 8:45*** |  |  |  |  |  |
| ***4:15 – 4:45*** |  |  |  |  | *By appointment* |

Course Description:

The AP Chemistry course provides students with a college-level foundation to support future advanced coursework in chemistry. Students cultivate their understanding of chemistry through inquiry-based investigations, as they explore content such as: atomic structure, intermolecular forces and bonding, chemical reactions, kinetics, thermodynamics, and equilibrium.

**Grading Policy:** 70%—Major Assessment 30%—Minor Grade

\*Includes Unit Tests, Full-Lab Reports \*Includes homework checks, quizzes, etc.

Retesting: Students scoring below 70% on a major exam will have the opportunity to re-take an assessment to improve their grade. The higher grade, with a maximum of “70,” shall be recorded.

Grading, Attendance, Late-Work, Other Policies, etc.: All policies and procedures will be in accordance with district policies.

Expectations:

1. Respect each other and the learning environment.

2. Bring all materials to class and be on time.

3. Students should also be respectful, responsible, & highly engaged in CHEMISTRY during the class period.

4. Students are in control of their attitude & effort in CHEM-IS-TRY class.

**BE SAFE, BE RESPECTFUL, BE RESPONSIBLE**

# Materials:

* Black or blue pens and #2 pencils with erasers.
* Colored markers and highlighters
* Pencil bag to put in binder.
* 3” three-ring binder
* Notebook paper
* Not required but convenient for you – scientific calculator or better, stapler, tape, white out



**Student Safety Rules & Agreement**

**PURPOSE**

Science is a hands-on laboratory class. However, science activities may have poten­tial hazards. We will use some equipment and animals that may be dangerous if not handled properly. Safety in the science class­room is an important part of the scientific process. To ensure a safe classroom, a list of rules has been developed and is called the Science Safety Contract. These rules must be followed at all times. Additional safety instructions will be given for each activity.

No science student will be allowed to par­ticipate in science activities until this con­tract has been signed by both the student and a parent or guardian.

**SAFETY RULES**

1. Conduct yourself in a responsible man­ner at all times in the science room. Horseplay, practical jokes, and pranks will not be tolerated.

2. Follow all written and verbal instruc­tions carefully. Ask your teacher ques­tions if you do not understand the instructions.

3. Do not touch any equipment, supplies, animals, or other materials in the sci­ence room without permission from the teacher.

4. Perform only authorized and approved experiments. Do not conduct any experiments when the teacher is out of the room.

5. Never eat, drink, chew gum, or taste anything in the science room.

6. Keep hands away from face, eyes, and mouth while using science materials or when working with either chemicals or animals. Wash your hands with soap and water before leaving the science room.

7. Wear safety glasses or goggles when instructed. Never remove safety glasses or goggles during an experiment. There will be no exceptions to this rule!

8. Keep your work area and the science room neat and clean. Bring only your laboratory instructions, worksheets, and writing instruments to the work area.

9. Clean all work areas and equipment at the end of the experiment. Return all equipment clean and in working order to the proper storage area.

10. Follow your teacher’s instructions to dispose of any waste materials gener­ated in an experiment.

11. Report any accident (fire, spill, break­age, etc.), injury (cut, burn, etc.), or hazardous condition (broken equip­ment, etc.) to the teacher immediately.

12. Consider all chemicals used in the sci­ence room to be dangerous. Do not touch or smell any chemicals unless specifically instructed to do so.

*a.* Use scalpels, scissors, and other sharp instruments only as instructed.

*b.* Never cut any material towards you—always cut away from your body.

*c.* Report any cut or scratch from sharp instruments to the teacher immediately.

13. Never open storage cabinets or enter the prep/storage room without permis­sion from the teacher.

14. Do not remove chemicals, equipment, supplies, or animals from the science room without permission from the teacher.

15. Handle all glassware with care. Never pick up hot or broken glassware with your bare hands.

16. Use extreme caution when using matches, a burner, or hot plate. Only light burners when instructed and do not put anything into a flame unless specifically instructed to do so. Do not leave a lit burner unattended.

17. Dress properly—long hair must be tied back, no dangling jewelry, and no loose or baggy clothing. Wear aprons when instructed.

18. Learn where the safety equipment is located and how to use it. Know where the exits are located and what to do in case of an emergency or fire drill.

Student Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Period:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**STUDENT AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (print student’s name) have read and I do understand each of the above safety rules set forth in this contract. I agree to follow them to ensure not only my own safety but also the safety of others in the science classroom or laboratory. I also agree to follow the general rules of appropriate behavior for a class­room at all times to avoid accidents and to provide a safe learning environ­ment for everyone. I understand that if I do not follow all the rules and safety precautions, I will not be allowed to participate in science activ­ities. I am aware that my safety and the safety of my classmates depends on my behavior in the laboratory. I also agree to follow the classroom expectations found in the chemistry syllabus since this will help ensure a proper learning environment.

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Parent or Guardian:

We feel that you should be informed of the school’s effort to create and maintain a safe science classroom/ laboratory environment. Please read the list of safety rules. No student will be permitted to perform science activities unless this contract is signed by both the student and par­ent/guardian and is on file with the teacher. Your signature on this con­tract indicates that you have read this Science Safety Contract, reviewed it with your child, and are aware of the measures taken to ensure the safety of your son/daughter in the science classroom.

I understand that failure to act in a safe manner during laboratory activities will result in a student’s removal from the activity, possible grade penalties on the associated assignment, and possible additional disciplinary consequences, and may result in an injury to the student behaving unsafely or other students around him or her.

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date parent/guardian’s printed name parent/guardian’s signature**

**Parent email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Important questions:***

Does your child wear contact lenses? Y or N

Is your child color blind? Y or N

Do you have any important **Medical Information (**drug or food allergies, special medical conditions, medications, etc) that will affect your class or labs? NO or YES (if yes list below)