**Classroom Management Plan Assessment**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following items are suggested requirements for effective Classroom Management Plans and serve as a reasonable template for review. Items listed below should be included in your management plan. Please spend time reviewing and preparing the Classroom Management Plan that you will be distributing to your class next year. Remember, this is the first impression students, parents and guardians will have of you and your expectations.

\_\_\_\_\_ Course Description and Objectives

\_\_\_\_\_ Student Supplies: Special requirements and/or daily materials needed for class

\_\_\_\_\_ Grading Policy

\_\_\_\_\_ Grading criteria and how grades will be calculated

\_\_\_\_\_ Extra Credit Policy

\_\_\_\_\_ Tests and Quizzes

\_\_\_\_\_ Make up work (follow the **school policy in the student/parent handbook**)

\_\_\_\_\_ Expectation that students will write assignments in the student handbook/planner

\_\_\_\_\_ Classroom Expectations and Rules

\_\_\_\_\_ Specific standard operating procedures for the class

\_\_\_\_\_ Hall Pass Policy

\_\_\_\_\_ Expectations for behavior, cooperation and safety

\_\_\_\_\_ Classroom discipline plan including consequences for violations

\_\_\_\_\_ Consequences for class tardiness

\_\_\_\_\_ How Parents Can Reach You

\_\_\_\_\_ How to contact the teacher (school phone number, voice mail, e-mail)

\_\_\_\_\_ How students should seek extra help

\_\_\_\_\_ Disclaimer

**“This is not meant to be all encompassing. As the year progresses, there may  
 be a need for additional assignments or modifications to expectations.”**

\_\_\_\_\_ Parent and Student Signatures: This section indicates that the parent/guardian and   
 student have read and understand the terms of the plan.

\_\_\_\_\_ This is a new Classroom Management Plan.

\_\_\_\_\_ This Classroom Management Plan was approved and used last year, however, changes have been   
 made and have been highlighted.

\_\_\_\_\_ This Classroom Management Plan was approved and used last year – no changes have been made.

Reviewed by: Assistant Principal / **Principal**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Approved as is, nice work.

\_\_\_\_\_ Revise and return a copy to my mailbox.

**Classroom Management Plan Assessment 4-24-14**