

EIGHTH GRADE COURSE SELECTION SHEET

2010 - 2011

LAST NAME _____ FIRST NAME _____

Carefully review ALL course options BEFORE making any choices

CORE CONTENT Required Courses -- (Full Year)

8008 Time 2 Read
8010 Language Arts
8030 Algebra
8000 American History
8020 General Science

For Office Use Only

8015 Acc L/A _____
8035 Geometry _____
8145 St Skls -Read/Wri _____
8245 St Skls -Math _____

Required Courses -- 10 weeks (1 card marking)

8070 Physical Education
8060 Human Sexual Development

(With parent approval...signature required...see reverse side)

ELECTIVES

MUSIC STUDENTS

Check **TWO** (2) elective choices in addition to Band/
Orchestra, and place a capital "A" next to another
TWO (2) alternate choices.

_____ 8080 Band
_____ 8090 Orchestra

NON-MUSIC STUDENTS

Check **SIX** (6) elective choices. Place a capital "A" next to another **TWO** (2) alternate choices.
Semester electives count as **TWO** (2) elective choices.

TEN WEEK ELECTIVES

_____ 8100 Computer	_____ 8200 Industrial Technology
_____ 8125 Art - 2 Dimensional Design (Painting, Printmaking, Drawing)	_____ 8075 Vocal Music
_____ 8135 Art - 3 Dimensional Design (Sculpture, Clay, Papier Mache)	_____ 8170 Drama
_____ 8140 French	_____ 8175 Technology Lab
_____ 8160 Spanish	_____ 8180 Exploring Technology
	_____ 8190 Video Production

SEMESTER ELECTIVES - 20 Weeks (2 card-markings)

8400 Patriot Publications _____
7th Grade Language Arts Teacher Approval

8700 Project Science _____
7th Grade Science Teacher Approval

SCHEDULES WILL NOT BE CHANGED UNLESS AN ADMINISTRATIVE ERROR HAS BEEN MADE
As parent/guardian of the above named students, I have reviewed his/her eighth grade
course selections and my signature indicates approval.

PARENT/GUARDIAN SIGNATURE _____ Date _____

The Board of Education has established a program of instruction in reproductive health in both the 6th and 8th grades and a Health class for 7th graders.

According to law (P.A. 226 of 1977) you have the right to review the materials to be used in the programs. The local board of education, in compliance with the statute, has made the materials available for your review. Please contact Jefferson Middle School at 445-4130 if you wish to review the materials.

Your child is eligible to participate in all courses. By law (P.A. 226 of 1977) you have the right to excuse your child, without penalty, from participation in classes which includes reproductive health and/or family planning instruction. A parent may also exclude their child from skills and health classes. We ask with this written notice that you reply below stating your wishes for your child. **ALL** parent/guardians **must** respond. Parents/guardians/students are encouraged to attend the evening sessions where the content of the courses are discussed and questions answered.

This written notice is required to be provided to parents/guardians by the State of Michigan, Public Acts 226 of 1977. Upon request to the Administrative Assistant to the Superintendent the District shall make reasonable accommodation for a disabled person to be able to participate in this activity.

CHECK ONE

_____ **I DO NOT** wish to have my child participate in Lakeview Board of Education approved reproductive health classes.

_____ **I DO** wish to have my child participate in Lakeview Board of Education approved reproductive health classes.

Child's Name _____

Parent/Guardian Signature _____ **Date** _____

NOTE: *A parent/guardian signature is required in two areas of the course selection sheet, approval of class selections and also the above portion on reproductive health.*

Nondiscrimination and Access to Equal Education Opportunity
It is the policy of the Board that no student in this District shall, on the basis of race, color, religion, national origin or ancestry, age, gender, marital status, sexual orientation, disability, height, weight, and/or any other legally protected characteristic, be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in its programs and/or activities.

TEACHER COURSE RECOMMENDATION FORM

Response form to be completed by the teacher recommending a student for **Patriot Publications and Project Science (Grade 8)**.

STUDENT NAME _____

NAME OF TEACHER RECOMMENDING _____

RECOMMENDING FOR _____ **COURSE**

This student has demonstrated the following characteristics in my course that should enable him/her to be successful in one of the above listed elective classes.

Characteristic: Critical Thinking

- _____ **Is accurate and seeks accuracy**
- _____ **Is clear in thinking and seeks clarity**
- _____ **Maintains an open mind**
- _____ **Avoids impulsivity**
- _____ **Takes a position when the situation warrants it**
- _____ **Responds appropriately to others' feelings**

Characteristic: Creative Thinking

- _____ **Possesses perseverance**
- _____ **Tends to push the limits of personal knowledge and abilities**
- _____ **Able to see new ways of viewing situations that are outside the usual boundaries of thinking**

Characteristic: Self - Regulated Thinking

- _____ **Monitors their thinking, re-examines their strategies and approaches to problems**
- _____ **Makes good plans to complete work**
- _____ **Identifies and uses necessary resources**
- _____ **Responds appropriately to feedback and critique**
- _____ **Evaluates the effectiveness of their actions**

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