

2012-2013 Study Hall Management Plan

Teacher: Mrs. Roubinek **Study Hall:** 3rd hour **Room:** 151

Contact information

sroubinek@isd578.org

Phone: 629-4156

Study Hall Purpose

This study hall will provide an opportunity for each student to prepare, organize, plan, and complete assignments for their classes. Academic progress will be reviewed weekly.

Study Hall Expectations

- **Respect** others
- Be on time-in your **assigned** seat when the bell rings
- Bring materials to study hall-no passes
- Be **on task**-organize, plan, and complete assignments
- **No distracting** others-talking only with permission
- If school work is complete, **bring a book to read**-we will review your academic progress weekly in study hall
- I pods/mp3 players are ok, as long as the person sitting next to you can not hear it and it is not a distraction to others in the room
- **No food or beverages** in this study hall. **Bottled water will be allowed with a screw top (no squirt topped bottles)**
- Students **not making academic progress** based on their grades and assignment completion will face additional restrictions in this study hall.

Consequences

- Warning
- Individual conference
- Loss of privileges
- Parent Contact
- Detention and/or other appropriate consequences
- Conference with principal
- Additional Consequences

Media Center/Computer Lab Use

- 5 students will be allowed 20-minute media center or computer lab restriction based on behavior or academic progress. passes unless they are on
- Any student needing a pass for longer than 20 minutes, must bring a pre-signed pass from a teacher that has the assignment listed that the student will be working on.
- Students must return to study hall the final five minutes of the hour.

Bathroom Passes

- Two passes per quarter
- Time will be made up if the student exceeds two

Mrs. Roubinek has reviewed the purpose, expectations, and consequences with me. I have shared this with my parent(s). I understand that once I have turned this form in signed, I will have the privilege of having passes out of study hall if I am restriction free.

Printed Student Name

Student signature

Parent Signature _____

Date: _____