**NOTTOWAY HIGH SCHOOL**

**COURSE SYLLABUS INFORMATION**

**COURSE TITLE:** Geometry **Teacher:** Jenna Finnegan

**Email:** [finnegan.jenna@nottowayschools.org](mailto:finnegan.jenna@nottowayschools.org)

**Website**: sineofmadness.weebly.com

**COURSE DESCRIPTION:** This course is designed to emphasize the study of the properties and applications of common geometric figures in two and three dimensions. It includes the study of transformations and right triangle trigonometry. Inductive and deductive thinking skills are used in problem solving situations, and applications to the real world are stressed. It also emphasizes writing proofs to solve (prove) properties of geometric figures. Geometry is for squares.

**GENERAL COURSE OBJECTIVES:** This course uses the Standards of Learning Objectives for Geometry as approved by the Virginia State Department of Education in October, 2009.

**PREREQUISITE:** Algebra 1

**Semester**

I. Review, Logic, Reasoning, Lines, Transformations, Constructions, and Triangles

II. Polygons, Circles, and Three-Dimensional Figures

**SOL’S ASSIGNED TO EACH UNIT** (SOL Test):

I. G.1, G.2, G.3, G.4, G.5, G.6, G.7, G.8

II. G.9, G.10, G.11, G.12, G.13, G.14,

**EVALUATION**

Classwork/Participation: 15%

Homework: 15%

Quiz: 30%

Test: 40%

**COURSE REQUIREMENTS:**

1. **Notebook**
2. Colored Pencils/Glue Stick
3. Pencils
4. Highlighters
5. Compass and Ruler
6. Graph Paper

**Mission Statement:**

The mission of Nottoway High School is to provide a positive, secure environment, which fosters academic, cultural and social growth. We aspire to cultivate life-long learners who continually grow, adapt and contribute in a diverse global society.

**Classroom Code of Conduct:**

1. At teacher’s signal stop talking
2. Don’t speak out of turn
3. Respect others
4. Be ready with your work
5. Participate positively in class

Failure to comply with any classroom code of conduct provision will result in the following consequences:

1. Verbal Warning
2. Student / Teacher Conference
3. Parent or Guardian Phone Call
4. Office Referral

**Make-up Work:**

It is the student’s responsibility to check for missed work and notes given the day of an absence.

**I have read and fully understand the math class information for the 2015-2016 school year, and recognize that these policies may require modification by the teacher if deemed necessary.**

Student Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Return this form to Ms. Finnegan**