**Algebra II Syllabus 2023-2024**

**Teacher:** Ms. A. Rodriguez **E-mail:** arodriguez46@saisd.net

**Phone:** (210) 228-1210 ext. 32274 **Conference:** A-Days 3rd period

1. **Course Description**

In this course students build on their work in Algebra I to broaden their understanding of functions and learn new functional relationships in mathematics. 

1. **Course Outline:**

Functions

Absolute Value

Systems

Quadratic and Square Roots

Cube and Cube Root

Exponentials and Logarithms

Polynomials and Exponents

Complex Number Operations

Rationals

1. **Materials**

| * district issued laptop and charger | * Journal | * Pencils |
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1. **Course & Academic Expectations**

* Be prepared, bring all materials to class.
* Treat everyone and their belongings with respect.
* Attend and come to class on time. You must follow the campus bell schedule**.**
* If you miss a class it is the students responsibility to collect missed work, in order to remain on pace with the class.
* Students will use an assigned TI Nspire calculator in class. If the calculator is damaged and/or lost, it will be the student's/parents' responsibility to replace it.
* The use or display of cellphones is **NOT ALLOWED** in class unless administration gives students permission. Cell Phones will be **PICKED UP** at the beginning of class.
* Submit all assignments, according to class due dates.
* You will be required to **show** your work in a neat and orderly fashion. This will allow me to see if you understand the concepts and material presented in class as well as assign partial credit.
* Cheating will **not be tolerated.** You will receive a zero for copying work and answers to assignments, quizzes, or tests. A referral will be sent to the office and parents will be notified.
* Follow the grooming and dress code principles outlined in the student handbook.

1. **Course Grading Policy**

* 40% of Grade will be based on Assessments
* 60% of Grade will be based on Daily Assignments

1. **Tutoring**

My in person tutoring times will be by appointment.

**Parent/Teacher Contact:**

Parents are encouraged to be active participants in their child's education. Parents are encouraged to visit, call, or email the teacher with any comments, questions, or concerns.

**PLEASE REVIEW, SIGN, AND RETURN THIS COMPLETED PAGE TO MS. RODRIGUEZ BY FRIDAY, AUGUST 23, 2024 IF YOU AGREE TO THE POLICIES AND EXPECTATIONS OUTLINED IN THIS SYLLABUS:** 

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

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information Sheet**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle I. \_\_\_\_\_

Parents’ or Guardians’ Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents' Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents' E-mail Address(es)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parents' comments, questions or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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