

# Mrs. Franklin Virtual Plan

We will be using the following platforms for virtual learning starting the first day of class and will continue throughout the year. This will allow an easy transition if we should have to transition to virtual learning at any point:

- Google Classroom – **All assignments will be posted here.** This will be the first place to go each day. There will *always* be a Daily Writing (DW) assignment there each day to complete. You will also have additional assignments that will through Edgenuity, IXL or some platform on Google.
- Edgenuity – We will be using the online curriculum which contains videos, instruction, guided notes, assignments, quizzes, and tests.
- IXL – We will use this for online assignments as reinforced learning for grammar.
- Google Meet or Zoom – This will be used for instructional time and answering questions. Times, dates, and links will be given through the Google Classroom.

Please be aware that since assignments are a combination of Google Classroom, Edgenuity, IXL, Daily Work and Daily Writing; grades will be calculated based on all of these combined. Grades can be seen on Wengage as in the past, do not strictly go off the grade in Edgenuity as that is only one aspect of this class.

Please sign and return this information sheet after reading the classroom expectations. Thank you!

**STUDENT INFORMATION SHEET**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Parents' Names:

**Mother** \_\_\_\_\_

**Father** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Mother's Cell: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Mother's E-mail Address: \_\_\_\_\_

Father's E-mail address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have reliable internet access at home?** \_\_\_\_\_ Yes, on a phone \_\_\_\_\_ Yes, on a computer \_\_\_\_\_ No

Things your child enjoys doing: \_\_\_\_\_

Things your child struggles with: \_\_\_\_\_

Your Goal for your child this year: \_\_\_\_\_

Special Concerns/Medical Info (allergies): \_\_\_\_\_

Additional information that might benefit the teacher knowing about your student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YES, I have read the expectations of Mrs. Franklin's classroom and I understand their meaning. I also understand that the goal of these expectations is to create the best learning environment.**

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

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