Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Block \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phones in Class Acceptable Use Policy

1. Students will talk on their cell phone only to complete assignments that are related to the instructional lesson.

2. Students without cell phones may be asked to pair up with another student who does have a cell phone.

3. Students will keep cell phones turned off and left in lockers when they are not being used for instructional purposes to be in accordance with school rules.

4. Students will only send text messages, pictures or video messages to others outside of the classroom with permission and directions from the teacher.

5. Students will not record still or moving images or voices of students or the teacher without permission from the teacher.

6. Students will not post recordings of still or moving images or voice recordings of students or the teacher to online websites without their permission.

7. Students will practice internet safety with online resources.

8. Students will post only appropriate text, audio and visual media to online websites.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that violation of our class acceptable cell phone use policy may result in my not being able to participate in additional class activities that involve using the cell phone. I also understand that I may receive disciplinary consequences for violating school board policies regarding cyber-bullying.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have gone over the Cell Phones in Class Acceptable Use Policy with my child and agree to allow my child to participate in class activities involving cell phones, even if my child does not have their own cell phone to use.

Parent's/Guardian's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parents and Guardians,

As part of 21st Century learning, students in my class will be participating in a pilot program where they will be allowed to use their cell phones in class for instructional purposes on days cell phone use is incorporated into the lesson. Students that have cell phones will be able to use the following features as needed for the lessons:

• Calculator

• Stopwatch

• Camera/video

• Text messaging (if available)

**Acceptable use of cell phones during classroom use is expected on the occasions the lesson calls for its use. My Classroom Cell Phone Acceptable Use Policy is attached. Please go over the policy with your child, sign it and have it returned.**

I am looking forward to doing some exciting activities using the cell phone in class that will enhance student understanding of district, state and national standards. I will be learning more myself about how to use cell phones in the classroom as the year goes on. Students who do not have cell phones or are unable to use them in class will not be penalized. Please do not hesitate to contact me (e-mail@e-mail.org) or (Mr./Ms. name) (e-mail@e-mail.org) if you have any questions about this pilot.

Sincerely,

(Name)

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My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_ Has my permission to use the text messaging feature on his/her cell phone during class when the
lesson calls for its use.
\_\_\_\_\_ Has my permission to use limited text messaging on their cell phone during class when the lesson calls for its use and should not go over \_\_\_\_\_\_\_\_\_\_\_\_\_\_ sent/received text messages.
\_\_\_\_\_ Will not be able to use the text messaging feature on his/her cell phone.
\_\_\_\_\_ Does not have a cell phone.
We have discussed the acceptable classroom use of the cell phone.
Parent's/Guardian's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent contact email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_