

## **JH Band Grading Policy**

Junior High Band is designed around TEKS skills and maintaining an educational and musical experience.

The grading policy for band will be weighed as follows:

**A. Classroom/Homework-40% - Included in this category:  
Any of the following may be included in this category:**

- Having all equipment, materials and pencil at each rehearsal
- Paying attention in class and participating in all activities
- Homework
- Classroom assignments
- One participation grade a week, for participating in class.

**B. Exam Grades-60% - Included in this category:**

- Exams
  - o Scale Tests
  - o Playing Tests
  - o Rhythm counting tests
  - o Chair Test
  - o Pencil Test
  - o Theory Worksheet
- Performances/Concerts/Contest/Dress Rehearsals
  - o Holiday Concert
  - o Spring Concert
  - o Music Festival Contest

A student is **REQUIRED** to participate at all concerts and contest. Concerts and contests are **required** and **mandatory** for this class. If a student is unable to attend there must be a written and signed note by a parent/guardian.

**\*Any students who are ineligible for contest will make arrangements with the director to make up the grade. Failure to attend a performance without written approval or complying with the previous requirements will result in 0 performance grade.**

# EQUIPMENT CHECK OUT/ JH SYLLABUS ACKNOWLEDGEMENT FORM

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. I understand that the equipment issued to me is school property. I am liable for any damage to any equipment while it is in my possession. If there is any damage to any equipment, I will immediately tell my Director. I agree to pay for any damage to any equipment while in my care at the discretion of the Band Director.
  
2. I also have read and understand the JH Band Syllabus

**Student signature:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_

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HS 806-659-2584

JH 806-659-2563

**SPEARMAN INDEPENDENT SCHOOL DISTRICT  
EMERGENCY INFORMATION APPROVAL FORM**

TO THE BOARD OF TRUSTEES OF SISD:

We, the parents of \_\_\_\_\_ do by affixing our names below, hereby realize that there may be situations during a school activity that medical attention will need to be given. If our child needs medical attention for an emergency, you have our permission to take care of the necessary medical needs by transporting him/her to a hospital or doctor's office without any liability to the school district, school personnel, or attending medical personnel. We, the parents, will bear the expense of any emergency medical treatment.

Address	City, Zip	Home Phone
Place of Employment		Business Phone
Insurance Company		Policy Number

Both Parents or Legal Guardian please sign:

\_\_\_\_\_

Special Medical Information (Fill out only if needed)

Our child has or has had:

Heart trouble: \_\_\_\_\_

Convulsions: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Allergies or allergic to medication:

\_\_\_\_\_

Other physical disability or limitation:

\_\_\_\_\_

Parental Permission for Medication: our child may take: (initial) \_\_\_\_\_ Tylenol  
\_\_\_\_\_ Aspirin  
\_\_\_\_\_ Pepto Bismol