

# MRS. BLACK'S 7TH GRADE SCIENCE CLASS PATHFINDER SCIENCE LABORATORY SAFETY POLICIES

The science laboratory is an enjoyable, exciting place to work and learn. It must also be a safe place. To ensure the safety of everyone, proper conduct, safety policies and teacher instructions must be followed at all times.

Please read the following safety policies. Students choosing not to follow these policies will have consequences. The consequences may include forfeiture of lab points, loss of lab privileges in class, detention, or office referral.

- I will always get teacher permission before beginning any lab activity.
- I will never run, push, or fool around in the lab
- I will always wear safety goggles and any other safety clothing as instructed by the teacher.
- I will inform the teacher of any allergies or special medical conditions.
- I will always use care and follow teacher instructions when working with chemicals and unknown substances in the lab.
- I will not touch any unknown substance or equipment without teacher permission.
- I will never taste any substance in the lab. I will follow teacher instructions for smelling or touching any material or substance.
- I will be careful and act properly with laboratory equipment.
- I will always report any accident, broken materials, hazards or spills to the teacher immediately.
- I will keep my work area clean, uncluttered and organized.

**PLEASE RETURN THIS FORM TO MRS. BLACK BY MONDAY, SEPTEMBER    TH.  
ALL STUDENTS MUST HAVE A SIGNED SAFETY FORM ON FILE TO PARTICIPATE  
IN THE LAB ACTIVITIES.**

\_\_\_\_\_ I have read and understand the safety policies listed above.

\_\_\_\_\_ I promise to follow all safety policies in the science lab at all times.

\_\_\_\_\_ I am colorblind, which may affect my ability to accurately interpret lab results or instructions involving color-coded items.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Class Hour

\_\_\_\_\_  
Date signed

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

\_\_\_\_\_  
Parent or Guardian Signature

# Getting to know

Student Name \_\_\_\_\_

1. What do you like to do in your free time?	2. What sport(s) do you like to play?	3. What is your favorite television show?
4. What is your favorite subject(s)?	5. What is your least favorite subject(s)?	6. What career do you want to have one day?
7. What is something that you have done that you are proud of doing?	8. What is something that you would like for me to know about you?	

**Please circle your preference.**

- I prefer to work: *alone*      *with a partner*      *in a small group*      *in a large group*
- I learn best when information is presented: *visually*      *auditorially*      *hands-on*
- The best way to evaluate me is: *essay test*      *short answer test*      *multiple choice test*      *project*      *orally*