Personal Finance Syllabus

Instructor: Ms. SheRon Franklin

Classroom: University City High School (UCHS), Room 127

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**Course Description:** This class is designed to parallel the course based on the Missouri Personal Finance Competencies and is required for graduation in the State of Missouri. This course will help you learn essential knowledge and skills to make informed decisions about real-world financial issues. This course is designed to help you make wise spending, saving, and credit decisions and to make effective use of income to meet your personal financial needs now and in the future.


**UCHS Behavior Expectations:** Technology in the classroom is for learning purposes, not a distraction. Chrome Books should be used as part of the learning process. Cell phones: Students may **NOT** have cell phones in the classroom. Cell phones should be turned off and stored in a student’s bag and not removed from their bag during class time.

**Course Expectations:** Students are expected to follow the UCHS rules in the discipline handbook.

**Materials:** Curriculum developed from Dave Ramsey Total Money Makeover.

**Attendance:** Students are expected to be present on time every day.

**Grading:** Students will be graded daily, weekly, and quarterly based on performance in class. This data is also used to evaluate transitional goals in the Individual Education Plan (IEP). Students will also self-evaluate periodically. Grading is consistent with the UCHS scale:

A – 90 – 100%  B – 80 – 89%  C – 70 – 79%  D – 60 – 69%  F – 59% or lower

Quizzes/Tests: 40%

Classwork: 40%

Final Exam: 20%
**Late Work Policy:** If you are absent it is your responsibility to find out what you missed. It is my hope that all students will take responsibility for missed work and turn it in within a timely manner. However, late work will be accepted for partial credit until the last day of the term.

Thank You,

Ms. SheRon
Franklin

Personal Finance
Teacher

If you have read, understand and agree to honor the syllabus content. Your signatures verify that you have read and understand the policies established here and within the University City School District policies and procedures.

**Student:**
_______________________________________________________________

**Date:** _________________________________

**Parent/Guardian:**
_______________________________________________________________

**Date:** _________________________________

**Teacher:** _________________________________

**Date:** _________________________________