

## DENTAL ASSISTING PROGRAM CONTRACT OF EXPECTATIONS 2020-2021 SCHOOL YEAR.

Professional standards and safety are mirrored in this program. Honesty, integrity, and trustworthiness are expected in the dental profession. All students are expected to respect school property, and other staff and students' personal property. Starting with a clear understanding of policy and expectations makes for a more enjoyable learning experience. I look forward to a pleasant professional relationship with both parents or guardians and students this school year.

### ***As a student/parent/guardian for this program I understand and accept the following guidelines:***

**Attendance:** If a student will be absent from class a phone call to the attendance line **425-348-2222** and to the teacher (**425-348-2228**) is expected, just like a job. Please put this number in your cell phone or keep it in a safe and accessible place. Poor attendance may eliminate internship participation in the second semester.

**Cell phones:** Cell phone use disrupts the learning environment. This includes text messaging, message alerts, and photos. All cell phones must be turned off during class and out of sight. If a cell phone appears or rings it will be confiscated and returned at the end of class. Any emergency calls to or from students may come directly to my phone at 425-348-2228 or through the main office at 425-348-2220. Repeated offenses of the cell phone policy may be grounds for dismissal from the program.

**Professional appearance:** Professional appearance: Students must be in clean, unwrinkled uniform scrubs every day. Long hair must be pulled neatly back or up, and appropriate shoes worn. (\*See Uniform Requirements & Supply List for more details) Fingernails must be kept short, clean, and smooth. If polish is worn, it should be a neutral color and up kept/unchipped. Jewelry should be limited or non-existent. Examples of appropriate jewelry: non-dangling small stud earrings, small necklaces *ok* if secured under scrub top as to not dangle outside of shirt. Watches are *ok*, but bracelets are **not** allowed. One flat band style ring is *ok*, to assure gloves are not punctured or torn. Any facial or tongue piercings must be removed before class.

**Academic Honesty:** All students must complete their own work. This will prepare you for the workplace and any future educational pursuits. Any students found cheating on assignments or tests may receive a 0 as a score for the item in question. They will also be put on probationary status and possibly dismissed from the program.

**INTERNSHIPS Students will need to locate their own internship. This is part of the learning process for employment later in life. Parents should NOT write resumes and cover letters and search for sites by calling dental offices for their student. This is a student responsibility. Students MUST have 100 internship hours completed by the first week in June 2020. Students also MUST have reliable transportation to get to the internship.**

More information regarding internships will be distributed at the end of 1<sup>st</sup> semester to all qualifying students.

NOTE: Because of the structure of the program, students who do not qualify for an internship due to grades, attendance, noncompliance of safety policies, or professionalism will be removed from the program at the end of Semester 1 and will return full time to their sending school.

***The contract on the following page must be completed and signed by a parent/guardian and the student. After completing the form, make a copy for the student/parent/guardian and return the original to me.*** Please include the email address and phone number for both parent/guardian and student. If there are any concerns or questions about the program policy, you may call me at any time on my direct line, 425-348-2228. If you prefer you may contact me via email at [Graykk@mukilteo.wednet.edu](mailto:Graykk@mukilteo.wednet.edu). I will make every attempt to reply after class or within 48 hours.

# DENTAL ASSISTING BEHAVIOR CONTRACT

**I have read and will support the above Behavior Contract and agree to the guidelines for my student.**

**Parent/Guardian** print name \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Guardian** signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**I understand the Behavior Contract and agree to comply to the guidelines.**

**Student** print name \_\_\_\_\_

Email \_\_\_\_\_

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

Cell phone: \_\_\_\_\_

**Return this contract to the teacher**

Office Use

\_\_\_\_\_ Contract return date

\_\_\_\_\_ Vaccines Record

\_\_\_\_\_ Tuberculosis test