Center for Advanced Technical Studies
916 Mount Vernon Church Road
Chapin, South Carolina 29036
http://www.lexrich5.org/Domain/25
Phone (803) 476-8600

Welding Technology IV Course Syllabus
Grades: 11,12
Credits: 1
Semesters: 2 blocks
Prerequisite: Welding Technology III

Instructor: Tristan Price
Email: tprice@lexrich5.org
Voicemail: (803)476-8629
Fees: $100

Course Description:
Welding 4 concentrates on the study of advanced cutting and welding techniques using the Flux Core Arc Welding process. Students fabricate projects from blueprints and design projects. Students enrolled in this course have the opportunity to gain national industry certification through the NCCER training program and the American Welding Society Certification.

Course Outline:
1. Flux Core Arc Welding Process Objectives
2. Advanced Flux Core Arc Welding Process Objectives
3. Reading Welding Blueprints
4. Weld Symbols
5. Plasma Arc Cutting
6. Welding Metallurgy

Assessments and Grading:

Quarter Grades will be calculated as follows:

Welding Objectives	40%
Classroom Assignments	20%
Class Participation	40%

Semester Grades are calculated as follows:

One Quarter	40%
Two Quarter	40%
Semester Exam	20%

Year Grades are calculated as follows:

First Semester	50%
Second Semester	50%

Attendance:
Attendance will be recorded at the beginning of each class. Students arriving after the bell must visit the front office for a pass to class and will be marked tardy. Office personnel will determine if the tardy is excused or unexcused. **The Center does not offer Attendance Recovery.**

Make Up Work:
If a student misses a class period, it is their responsibility to check-in with the instructor to see what instruction was missed and make-up for the absence accordingly.

Welding Objectives: Students pick up from where they left off from the previous class period.
Classroom Assignments: Students must read the book and make up the assignments independently.

Materials:
Jeans or Tight Knit Pants
Cotton Shirt
8" Steel Toe Boots
Welding Cap
Flashlight (optional)

Policies, Procedures and Consequences

Classroom Policies:

1. Be here! Be ready to learn when the bell rings.
2. Bring all classroom materials and a good attitude to class each day.
3. Respect yourself, your classmates and your school.
4. Stay on task.
5. No food or drink allowed in the classroom.
6. Throw away trash in a trashcan. (The inside of a desk IS NOT a trashcan.)

Lab Safety Policies:

1. SAFETY GLASSES MUST BE WORN AT ALL TIMES.
2. Proper clothes: Jeans or tight knit pants, cotton shirt, 8" steel toe boots
3. Face shield must be worn when grinding or using the cutting torch.
4. ABSOLUTELY NO RUNNING, YELLING OR HORSEPLAY.

Procedures:

1. Arrive on time for class dressed out and ready to work.
2. Get necessary equipment from the tool room and set up your booth.
3. The classroom will be locked 15 minutes after the bell rings.
4. Don't wait for the instructor to come and inspect your welds.
5. If you need help, ASK!! HELP can't be given unless it is requested.
6. To use the restroom, sign out on the sheet provided next to the hallway door.
7. Thirty (30) minutes before the bell rings, begin cleaning the shop.
    a. Put ALL equipment back how you found it in the toolroom.
    b. Each booth must be swept and cleaned.
    c. Shop Floor must be swept and then mopped.
8. Once the shop is cleaned, the classroom door will be unlocked.
9. Before departing from the classroom for the day, chairs must be stacked.

Consequences:
1st Offense: Verbal Warning
2nd Offense: Teacher- Student Conference and Parent Contact
3rd Offense: Office Referral

The instructor reserves the right to forgo the normal consequence sequence if it is determined the behavior to be extreme or excessive.

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Welding Technology IV
Mr. Price

Lab Safety Agreement

I, _____, agree to: (a) Follow teacher instructions, (b) Follow safety regulations while in the shop, and (c) conduct myself in a responsible manner at all times. In doing so, I also realize that failure to conduct myself in a safe manner during shop activities ;will result in the forfeiture of my shop privileges for that day, and result in a grade of zero for dressing out without recourse.

Student Signature _____ Date: _____

Parent Signature: _____ Date: _____

Syllabus Acknowledgement

I have reviewed the attached course syllabus, policies, procedures and consequences for Welding Technology. I understand that I/my child must comply with the expectations.

Student Signature _____ Date: _____

Parent Signature: _____ Date: _____

Parent Name (Printed): _____Parent Email Address: _____

Parent Home Phone: _____ Parent Cell Phone: _____

Parent Work Phone: _____

Center for Advanced Technical Studies

Dear Parent/Guardian:

School District Five Board Policy requires students in laboratory courses to have the regular school insurance coverage or a statement from their parents/guardians verifying that the student has other adequate insurance coverage, and the parents/guardians will not hold the school responsible. So that we may be assured of insurance coverage, the form below is to the signed by you to verify adequate insurance before your son/daughter can begin the lab work required in this course. The student may purchase school insurance at their respective high school. The form below must also be signed by a school official verifying the insurance has been purchased and is in effect. If the student does not establish insurance coverage, he/she will be removed from the lab activity.

My son/daughter, _____, has adequate insurance coverage to enable him/her to participate in _____.
(Name of Course)

Please check one.

_____ 1. I attest that school insurance was purchased at _____ High School.

_____ 2. I attest that my child is covered under a family health insurance policy with:
_____.
Name of Company

_____ _____
Date Parent/Guardian Signature

Student Information Sheet for Welding Technology

Student Name: _____

Grade: _____ **Home School (Circle One): SHHS IHS CHS DFHS**

Address: _____
_____

Date of Birth: _____
Month Day Year

Please list any medical conditions or restrictions that may impact your child while in this class:
_____
_____

Please list any and all allergies (including food) that may impact your child while in this class:
_____
_____

Parent Name: _____ **Parent Email:** _____

Parent Home Phone: _____ **Parent Cell Phone:** _____

Parent Work Phone: _____

Parent Name: _____ **Parent Email:** _____

Parent Home Phone: _____ **Parent Cell Phone:** _____

Parent Work Phone: _____

To the best of my knowledge, my child is physically able to participate in the physical aspect of this class.

Parent Signature: _____ **Date** _____