

# 2008-2009 ENROLLMENT PACKET

*ASK For Tutoring Inc. (610) 534-2902 Mobile: (610) 809-3002*

Dear Parent / Guardian:

Thank you for selecting our service. We are happy to know that you share in believing there is *"Liberation through Education."* It is our responsibility to ensure that our children receive all of the support they need in order to achieve their maximum potential. *ASK For Tutoring (A.F.T.)* was created as a Private Mobile Tutoring Service built on the principle of *"Nia" (the 5<sup>th</sup> principle of the Nguzo Saba meaning "Purpose.")* Our mission is to empower students of all ages with the desire to achieve. Our service has helped a variety of youth, and adult learners improve in the areas of Reading, Writing, Mathematics, Portfolio Development and Research since 2004.

Becoming a member of the *A.F.T. "Edu Team"* is rewarding and easy to do! To secure a space for our upcoming Semester, complete the following items below and return to us with your deposit for the first scheduled tutoring session. Below is a checklist to help guide you with ensuring all documents have been completed. Please contact us with any questions so we can assist you!

Office (610) 534-2902 Fax (610) 523-2978

Email: [info@askfortutoring.com](mailto:info@askfortutoring.com)

***Mail or Fax the marked items to A.F.T.***

***\*Mandatory Items must be returned to confirm first Tutoring Session.***

1. \* A.F.T. Agreement & Information Sheet
2. \* NON REFUNDABLE Deposit of \$45 Monday-Thursday Sessions  
\$60 Saturday Sessions  
Covers Semester Supplies and First Scheduled Tutoring Session-  
[Selected payment plans begin thereafter.]
3. \* Goals for Success Sheet
4. \* Most Recent Test Scores [PSSA & Current Subject area needing Enrichment]
5. \* Copy of IEP (Goals & Objectives, Accommodations) [If applicable]
6. Most Recent Report Card [Previous marking period is acceptable]

# ***ASK FOR TUTORING INC.***

## ***Academic Success For K-12 Learners***

**Office:** (610) 534-2902 or **Mobile:** (610) 809-3002

### **2008-2009 CLIENT INFORMATION SHEET**

***\*All New Clients must complete a FREE Phone Consultation prior to submitting this form\****  
***This is a fifteen minute session in which clients (Adult Learners & Parents/Guardians) are asked a series of questions to gather data in order to design an individualized enrichment plan.***

Client Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City / State / Zip

Phone: \_\_\_\_\_  
[Home] [Cell] [Work]

Emergency Contact: \_\_\_\_\_  
[Relationship] [Phone]

DOB: \_\_\_\_\_ School: \_\_\_\_\_

District: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_ (If applicable)

Parent/Guardian Email: \_\_\_\_\_

**Please check all that apply:**

- I am interested in becoming a member of the A.F.T. "Edu Team."
- I am interested in attending an "Edu Workshop."
- I am interested in making a donation to the Youth Angel Scholarship Fund.

© A.F.T.

## ***SUCCESS GOALS SHEET***

***We want to "ASK" you about your GOALS for Tutoring!***

Please provide information for the following items below:

Client Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Content Area(s) for Enrichment: *(Please Circle)*

K-12 Reading/Writing

K-12 Mathematics

K-8 Science

K-12 Social Studies

Portfolio Development

GED/Diploma Preparation

Standardized Test Preparation

Mentorship

College Preparation/Scholarship Search

Typing/Research Assistance

Other: \_\_\_\_\_

Reading Level: \_\_\_\_\_ Standardized Test Scores: \_\_\_\_\_

**Pennsylvania System of School Assessment PSSA Performance**

*(Please Circle)*    **Advanced**    **Proficient**    **Basic**    **Below**    **Basic**

Areas of Strength: \_\_\_\_\_

\_\_\_\_\_

Areas of Weakness: \_\_\_\_\_

\_\_\_\_\_

Reason for Seeking Tutoring: \_\_\_\_\_

\_\_\_\_\_

What are some of the challenges you notice your son/daughter has when they are working independently?

\_\_\_\_\_

\_\_\_\_\_

Academic, Social, or Personal Goals to support Enrichment Plan:

\_\_\_\_\_

\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**ASK FOR TUTORING AGREEMENT**  
"We Read, We Listen, We Learn TOGETHER!"

**Please read the A.F.T. agreement and terms for Enrichment Services:**

We reserve the right to schedule a session at a time and location that is convenient for both parties.

Please notify us immediately if there is a change in your schedule, or if you need to reschedule a Tutoring Session, (610) 534-2902 or Email: we\_teach2u@yahoo.com. Please provide at least 24 Hours notice.

A quiet area with a table and bright lighting is required during all tutoring sessions.

We agree to support all academic goals and objectives for client Success during each enrichment session. Any information that is shared about academic experiences, disabilities, and records ECT. is kept confidential, and will not be shared with other educational services or institutions without consent.

Clients Age 13 and under must arrive and leave a Tutoring Session with a Parent or Guardian. Clients in grades 9-12 must have written permission to ride public transportation. Parent and/or Guardians are expected to arrive on time.

A Basic Travel Fee of \$7.50 is applied to each Home Tutoring Session Visit. Clients will not be charged a travel fee for Public Tutoring Session Visits which may include: (The Free Library of Philadelphia, Schools, Recreation Center, or Community-Based Organizations.)

A non-refundable deposit and signed Agreement must be returned in order to confirm your first scheduled Tutoring Session. Your selected Payment Plan will begin thereafter. Final Payments must be made before or on the last scheduled session per cycle. A late fee may be applied to past due or late payments.

Clients have the option of choosing a weekly, bi-weekly, or monthly payment plan. Payments may be made online through PAYPAL by request. Cash, Check or Money Orders are accepted and made payable to: **ASK For Tutoring LLC**

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I agree to support and work cooperatively with the Coaching Team of ASK For Tutoring Inc. to obtain Academic Success in grades K-12 for my son/daughter.

I give consent to communicate with my son/daughter teacher(s) and/or other school personnel when needed to develop specific goals, or to align the A.F.T. enrichment plan with current school goals and objectives.

(ADULT LEARNERS ONLY) I agree to support the Coaching Team of A.S.K. For Tutoring Inc to ensure that each tutoring session designed for me is motivational and provides effective learning strategies towards enrichment goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Client Name  
Parent / Guardian Signature  
Date  
**Success Coach (TBA) To be completed by AFT**

\*All Information outline in this agreement is subject to change without notice\*

© A.F.T.