



2009-2010 ENROLLMENT PACKET
(610) 534-2902 Office (610) 523-2978 Fax

Dear Client, Parent or Guardian:

Thank you for selecting our service. *ASK For Tutoring (A.F.T.)* was created through the principle of *“Nia” (the 5th principle of the Nguzo Saba meaning Purpose)* We believe it is our duty to ensure that our community of learners receive all of the support they need in order to achieve their maximum potential. This year’s theme *“Helping each one, teach one to become a life long learner”* continues to support our mission of empowering students of all ages with the desire to achieve more.

Becoming a member of the *A.F.T.* is rewarding and easy to do! To register for our upcoming Semester, complete the following forms below and return to us with your non refundable deposit as soon as possible. Below is a checklist to help guide you with ensuring all enrollment forms have been completed. We look forward to serving your academic needs!

ALL ITEMS MUST BE RETURNED IN ORDER TO CONFIRM YOUR FIRST TUTORING SESSION.

- 1. Read and Sign A.F.T. Agreement & Consent for Release of Information Form.**
- 2. Submit NON REFUNDABLE Deposit for First scheduled tutoring session and \$15 Registration Fee -**New Clients Only** [Selected payment plans begin thereafter.]**
- 3. Client Information Form**
- 4. 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]**
- 7. Designated Writing Prompt [Adult Learners Only]**



CLIENT INFORMATION FORM
 (610) 534-2902 Office (610) 523-2978 Fax

****All New Clients must complete a FREE Phone Consultation prior to submitting this form****

CLIENT SECTION:

Name: _____

Address: _____

_____ City State Zip

Phone: _____
 Home Cell Work

Emergency Contact: _____
 Relationship Phone

DOB: _____ School: _____

District: _____ Grade: _____ GPA _____

PARENT/GUARDIAN SECTION:

Parent/Guardian Name: _____

(Please list address if different from client address)

Address: _____

_____ City State Zip

Phone: _____
 Home Cell Work

Email: _____ Relationship to Client _____

PLEASE CIRCLE THE ANSWER THAT BEST DESCRIBES YOU:
(All information is kept confidential)

1. Age group of parent/caregiver or client (if an adult learner:)

18-25 26-25 36-45 46 and up

2. Highest education level of all adults in the home:

N/A Diploma College Degree, please indicate type: _____

3. Number of computers with internet access available in the home for academic use:

0-1 2 or more

4. Home much time per week is client on internet, MySpace, Facebook, ECT.

1-2 Hours 3-5 Hours 6 hours or more

5. Does the client have a set study time and a quiet area in the home to complete academic work?

Yes No

6. Does the client wear glasses or have a hearing aide?

Yes No

7. Does the client have an IEP or have Special Education services been recommended?

Yes No

PLEASE SELECT ALL THAT APPLY:

I am interested in becoming a member of the A.F.T.

I am interested in attending an "Edu Series Workshop."

I am interested in learning more about services available to adult learners.



GOALS FOR SUCCESS SHEET
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Client Name: _____ **Grade Level:** _____

School: _____ **Date:** _____

Content Area(s) needing Academic Enrichment: *(Please check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> K-12 Reading/Writing | <input type="checkbox"/> K-12 Mathematics |
| <input type="checkbox"/> K-12 Mathematics | <input type="checkbox"/> K-12 Social Studies |
| <input type="checkbox"/> Portfolio Development | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Standardized Test Preparation | <input type="checkbox"/> Content Skill Building |
| <input type="checkbox"/> College Preparation/Scholarship Search | <input type="checkbox"/> Typing/Research Assistance |

Other: _____

Enrollment Period: *(Please Circle Semester)* Fall Winter/Spring Summer

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: _____

(ADULT LEARNER) What are some of the challenges you experience when completing academic work? **(PARENT/GUARDIAN)** What are some of the challenges you notice that your son/daughter have when they are working independently? _____

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

Client/ Parent or Guardian Signature: _____

Date: _____



ASK FOR TUTORING AGREEMENT
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This agreement must be read and signed by the client (adult learner) or parent/guardian and submitted with all enrollment documents in order to confirm registration for academic enrichment services.

PART A.

- 1) A.F.T. reserves the right to schedule a session at a time and location that is convenient for both parties (Success Coach and Client.)
- 2) A.F.T. Success Coaches require a quiet area with a table and bright lighting is during all tutoring sessions.
- 3) A.F.T. will support all academic goals and objectives for client success during each enrichment session. Information that is provided during a consultation about academic experiences, disabilities, and records ECT. is kept confidential, and will not be shared with other educational services or institutions without consent.
- 4) Please notify us immediately if there is a change in your schedule, and an enrichment session must be rescheduled at (610) 534-2902 or Email: info@askfortutoring.com. Please provide at least 24 hours notice. There are **no refunds** for a “no call or no show” enrichment session.
- 5) **All Clients** are expected to arrive and be picked up on time. 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.** We ask that parent/guardians respect all enrichment sessions by waiting until it is complete in order to conference with a Success Coach if needed.
- 6) 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 enrichment sessions which may include: *(The Free Library of Philadelphia, Schools, Recreation Centers, or Community-Based Organizations.)*
- 7) A **non-refundable deposit** must be returned along with all enrollment information in order to confirm your first scheduled Tutoring Session. Your selected Payment Plan will begin thereafter. Clients, parents or guardians are responsible for making timely payments. **Final Payments must be made before or on the last scheduled session per cycle. Enrichment services will be temporarily suspended for past due balances over \$75.**
- 8) There is a \$20 fee for returned or cancelled checks. A \$5 late fee will be applied to past due payments.
- 9) If a financial hardship occurs, clients/parents or guardians may request a payment arrangement or be required to sign a commitment agreement. **If either agreement is prematurely terminated by parent/guardian or client, A.F.T. has the right to file a collection claim, report debt to the three main credit agencies and/or any other remedies believed sufficient by A.F.T.**
- 10) Clients have the option of selecting a weekly, bi-weekly, or monthly payment plan. Online payments are encouraged through PAYPAL by request. Check or Money Orders are accepted and made payable to: **ASK For Tutoring LLC**

PART B.

Please check and sign the section that applies:

Adult Learner:

_____ I have read this agreement and understand all policies and procedures designed to ensure my experience with A.F.T. is positive and productive.

_____ I agree to support and work cooperatively with the Administrative and Coaching team of ASK For Tutoring, to ensure each enrichment session designed for me is motivational and provides effective learning strategies towards enrichment goals.

_____ **Client Name (Please Print)**
_____ **Client Signature**
_____ **Date**
_____ **Success Coach (TBA) To be completed by A.F.T.**

Parent/ Guardian:

_____ I have read this agreement and understand all policies and procedures designed to ensure my experience with A.F.T. is positive and productive.

_____ I agree to support and work cooperatively with the Administrative and Coaching team of ASK For Tutoring ensure each enrichment session designed for my son/daughter are motivational and provides effective learning strategies towards enrichment goals.

_____ I give consent to A.F.T. 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.

_____ **Client Name (Please Print)**
_____ **Parent / Guardian Signature**
_____ **Date**
_____ **Success Coach (TBA) To be completed by A.F.T.**



CONSENT FOR RELEASE OF INFORMATION
(610) 534-2902 Office (610) 523-2978 Fax

I _____, hereby give consent for _____ of the
Parent/Caregiver **School**

_____ School District to release pertinent information regarding my child,

_____, to *ASK For Tutoring*. The school has my permission to release
Client

information regarding my child's current progress, grades, standardized test scores,

and other information regarding additional educational support, goals, objectives and/or

modification plans.

Parent/Caregiver **Print**

Date

Parent/Caregiver **Print**

Date

ADULT LEARNERS

Continuing Education Writing Prompts

DIRECTIONS: We are interested in your opinion on any of the topics below. The writing prompts below are designed to assess your writing ability. Each writing prompt is designed for all college level writing. Do not feel pressured to make this essay perfect. Please express yourself as clearly as you can using correct grammar, spelling, and punctuation. We encourage you to use the time allotted in each writing prompt to begin preparation for timed examinations. This will help us in further developing an enrichment plan specifically designed for your needs. If you have any questions or need help in structuring, please contact us.

The final copy may be emailed to: info@askfortutoring.com

Select ONE of the following prompts to respond. Good Luck!

Prompt 001

Imagine you are a student at a college which does not currently have a physical education requirement but is considering adding one to the General Education curriculum. Write an argument in which you attempt to persuade the Student Senate (a body of elected student representatives from each of the four years) that they should support or oppose the addition of one 3 credit hour physical education course required of all students. You have 40 minutes in which to write your essay. You should try to write approximately 300 words, and your argument should be written in Standard English.

Prompt 002

Imagine you are an employee at a business which does not currently have a mandatory drug test but is considering adding one as a condition of continued employment. Write an argument in which you attempt to persuade the management (a collection of individuals ranging from the personnel manager up to the president of the corporation) that they should support or oppose the addition of a drug test required for all employees. Your argument will be submitted to the employee newsletter, either signed or anonymously. You have 40 minutes in which to write your essay. You should try to write approximately 300 words, and your argument should be written in Standard English.

Prompt 003

Imagine you are a student at a college that does not currently have a computer literacy requirement but is considering adding one to the General Education curriculum. Write an argument in which you attempt to persuade the Student Senate (a body of elected student representatives from each of the four years) that they should support or oppose the addition of one 3 credit hour computer literacy course required of all students. You have 40 minutes in which to write your essay. You should try to write approximately 300 words, and your argument should be written in Standard English.

Prompt 004

Imagine you are a voter in a town that does not currently have a local sales tax, but is considering adding one as way to fund improvements to the local library, which has not been expanded or modernized since it was built in 1960. Write an argument in which you attempt to persuade your fellow citizens (the typical mix of young adults, families, and retirees found in the average residential community) that they should support or oppose the addition of a 1% sales tax for library improvements. Your argument will be submitted to the opinion page of the town newspaper. You have 40 minutes in which to write your essay. You should try to write approximately 300 words, and your argument should be written in Standard English.



P.O. Box 7718 Ewing, NJ 08628

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