

- Private Tutoring/Enrichment
- Barton Reading & Spelling
- Multisensory Learning
- \* Academic Group Tutoring
- Educational Consulting
- Lifelong Learning Skills
- 504/IEP Consulting
- Do you LOVE to learn?
- Maybe you have an area you want to work on?
- Are you having to homeschool your child and need a little help?

Services and programs available for PreK-12 students, homeschoolers, and families. Choose the strategies and skills you would like to work on.

Call 280-8458 to reserve your time.

### Services: Fees per lesson

60 min. = \$50

## Beyond the Classroom

#### Marquette Brink

Certified K-8 Elementary & Special Education Masters in Elementary Administration Certified in Focus Program & Safe and Sound Protocol Over 30 years of experience!

marquette@beyondtheclassroomsd.net

#### **Michelle Lees**

Certified K-12 Art Teacher
Masters in science of Reading
Certified Barton Reading and Spelling Tutor
Dyslexia and Reading Science Certified
Over 20 years of experience!
Mmlees2015@gmail.com

#### **Courtney Geigle**

ParaProfessional
Certified Barton Reading and Spelling Tutor
Over 5 years of experience!
Corlo1121 1989@hotmail.com



National Association of Private Schools

# Partner UP for Success!



Multisensory Learning... Learn to Play... Play to Learn

- Reading Strategies
- Math skills
- Visual processing
- Multisensory learning
- Cognitive enhancement
- Study skills
- Children's Book
   Club's
- Family Night Events

Tutoring Hours: Monday-Friday 8:00 - 5:00 **Student Absences:** You are paying for a specific time slot that is planned and reserved for you exclusively, so no refunds will be given if you choose to cancel lessons.

Instructor Absences: In the unlikely event the instructor must cancel, we will find a time to makeup session.

Tardiness: Due to everybody's tight schedules if a student comes late, they will be given a short lesson to their allotted time.

**Barton Tutoring:** This is all year round. We work around the holidays and vacations. It is recommended that there be no more than a 2-week break between sessions.

Annual Scheduling: Our semester term runs from September to Mid-May. The summer session runs June to July.

**Holidays and dates of no lessons:** The following Holidays there will be NO lessons: Memorial Day, Labor Day, Thanksgiving week, the last two weeks in December and January 1<sup>st</sup> (coinciding with school vacation), the week of July 4<sup>th</sup>, the month of August, and the last two weeks of the school year.

**Invoicing:** Sessions will be invoiced at the end of each month. Sydney Nieman from Anderson, Nell Associates will be emailing them to you. You have a choice to pay via card (with additional fee) or check.

Have you received a formal diagnosis of dyslexia? If yes, when and where?	Yes	No
Have you previously been tutored for dyslexia? If yes, when and where?	Yes	No
Tutoring Method: Online In-Person		
I have read and agree to the polices as written:		
Student/Parent/Guardian signature	D	ate
We may take photos or videos of your child in the lesson or in a performance. This allows share with other students and also use for creation of educational materials and marketing		-
You consent to allow your child to be taped and otherwise recorded and agree that Beyon may use, and grant others the right to use, your child's voice, name, and filmed/photo for in connection with educational, marketing, advertising and promotional purposes.		
Signature of consent:		ing Junes of Wasin

## Emergency Contact and Medical Information Form

Child's Name					Date of Birth		Sex		
Parent/Guardian Name					Parent/Guardian Name				
Cell #	Wo	rk#			Cell #	Work #			
Address					Address				
City, State, ZIP					City, State, ZIP				
Email					Email				
			Alternati	ve E	Emergency Contac	ts			
Primary Emergency Contact				Secondary Emerge	Secondary Emergency Contact				
Cell #	Wo	rk#			Cell #	Work #			
Address					Address				
City, State, ZIP					City, State, ZIP				
Alternative Pick-up/Drop-off Person				Phone #					
			M	edic	al Information				
Hospital/Clinic F	Preference								
Physician's Name					Phone #				
Insurance Comp	nsurance Company Phone #								
Allergies/Specia	l Health Con	siderati	ons						
Medications approved to give your child:					Must fill out a permission Medication Sheet				
				Mis	cellaneous				
I give p I releas	ermission for my o	child to go ssroom, In	on field trips and c. and individual	d partici	d use pictures of my child for adventage in activities. It is a climbility in case of accident during			m, Inc., as long	
Parent/Gu	ardian Nar	ne		Dat	te				
Siblings	s Name	Age	DOB		Siblings Name	Age	DOB	]	
								-	