Tutoring Agreement Academic Year 2025-2026 Streamlined Success Tutoring, LLC

STUDENT NAME

I am so excited to be working with your family this year! Please take a moment to acknowledge and agree to the following policies by signing at the bottom.

Student's Weekly Tutoring Schedule and Location

STUDENT will receive tutoring services from Sarah Craig through Streamlined Success Tutoring, LLC throughout the 2024-2025 school year, focusing on curriculum support. Tutoring sessions will be conducted at NAME OF SCHOOL as arranged through SCHOOL CONTACT; however, times and locations may be subject to change under mutually agreed upon arrangements made between Sarah Craig and/or the STUDENT'S SURNAME family.

Cancellation Policy

Cancellation of tutoring sessions requires a <u>6 hour advanced cancellation notice</u>. A 30% fee will incur upon the 1st Late Cancellation; a 50% fee will incur upon the 2nd Late Cancellation; and a 100% fee will incur upon any further Late Cancellations moving forward. <u>Any No Show</u> sessions without prior communication will incur an automatic 100% fee to cover the missed session.

Inclement Weather Policy

In case of inclement weather, tutoring sessions may be canceled with limited notice. Depending on the circumstances and severity of weather, sessions may be rescheduled without incurring a fee.

Discontinue Services Policy

Please provide 30 days notice if you will need to discontinue tutoring services. Any cancellations made with less than a 30 day notice will incur a \$250 fee.

Parent/Guardian Attendance, Participation, and/or Monitoring of Tutoring Sessions

Parents and Guardians are discouraged from sitting in on and/or engaging in sessions unless previous arrangements have been discussed and agreed upon by all parties. It is important for students to have space in order to fully engage in developing learning strategies, skills, and techniques.

Permission to Photograph

Photographs	and/or	videos	of stu	ıdent	engagei	ment	in	lessons	may	be	taken	durir	าดู
tutoring sess	ions. Ple	ease ind	icate	the f	ollowing	level	of	permiss	sion to	o us	e ima	ges f	01
professional of	developr	nent and	d socia	al med	dia platfo	rms.							

Opt Out	Opt in Photos Only
Opt in Photos Only (faces covered)	Opt in Photos & Video

Communication Preferences

Open, honest, and transparent communication is crucial for all parties to ensure forward progress and success in each child's development. Please know that it is our goal to make sure every parent/guardian feels heard when discussing their child. All written communication will receive a response within 24 hours during the work week. Please indicate your preferred method of communication(s).

Text	
Phone	
Email	
Emergency Contact	
name	relationship to student
phone number	_
I understand and agree to the above st Tutoring, LLC.	ated policies of Streamlined Success
Date	
Parent/Guardian Name Printed	
Parent/Guardian Signature	
Student Name	