
Dear Elementary Parent/Guardian:

Your child is invited to participate in the Math-Whizz Tutoring program this school year. Your child can either come to the **am session, or pm session** for math tutoring. This is a commitment, as space is limited to the first 30 kids, in each session, who register.

To learn more about this district-approved supplementary math resource, please visit: **Math-Whizz:** <http://www.whizz.us>

About Math-Whizz Tutoring: Students will begin by completing an online adaptive assessment (*at school*) that determines their overall *Math Age*. A Math Age is the age level of conceptual math understanding, which may, or may not, correspond to a student's *actual age*. For example, for some topics your child's Math-Age may be "older" than their real age and "younger" in others. Based on this information, Math-Whizz delivers specific lessons to your child based on *both* their strong and weak math skill areas.

How does my child access Math-Whizz? Students can log in from any computer with internet access, through this link: <https://clever.com/in/asd>. Your child will then enter their ASD credentials, as they would to log into google docs. (please ask your child's teacher if you need help)

Please sign and return the permission slip attached if you would like your child to attend Whizz tutoring.

Tutoring is in the computer lab on both Tuesday and Thursday!

Thank you,
Trailside Elementary

Please fill out and return this form. Thank you!

Only choose the am session **OR** the pm session, **NOT** both.

_____ Yes, my child will be coming to the **morning** Math Whizz session starting at 8:00 until the bell rings, beginning on Thursday, Sept. 12th, continuing EVERY Tuesday and Thursday.

_____ Yes, my child will be coming to the **after** school Math Whizz tutoring. This will begin on Tuesday and Thursday, beginning Thursday, Sept. 12th from 3:30-4:30. **Please be prompt to pick up your child.** Thank you!

This session will go through Oct. 17th. It will resume after conferences (Oct. 29th).

Sincerely,
Trailside Elementary

Student Name: _____ Parent Name(s): _____
PRINT PRINT

Sign & Date: _____
PARENT SIGNATURE & DATE

Classroom Teacher: _____

Emergency Contact: _____
Name Phone Number

Parent email: _____