

Brain Gym® & Behavioral Transformation

Part 3

Students using Brain Gym® exercises can experience improvement in these areas:

- Reading and Visual Processing
- Concentration and Memory
- Self Confidence

This workshop is designed for:

- Educators (who have and have not had Brain Gym® training)
- Parents
- Professionals [who work one-on-one with students] such as
Aides
Tutors
Counselors

The workshop provides practical hands-on activities to use which optimize student performance and it also explains how to detect which emotions may impact a student's ability to learn and behave.

Presenter: Helen Cox is a licensed Brain Gym® Instructor/Consultant and Director of Options Center for Health & Education. She has over 25 years of experience working with students and clients using Brain Gym®. She has been offering workshops on Brain Gym® to parents, educators, and professionals for over 20 years.

When: Contact Helen to arrange a mutually agreed upon time.

Where: Workshops will be held at Options Center for Health & Education, Inc. 4316 N. Prospect Rd., Peoria Heights, IL 61616. (309) 685-7721. Email: options@mtco.com

Descriptive words from people who have attended previous Part 3 workshops:

"Healing, educational, bonding Presenter very knowledgeable." Sharron Magyar
"Healing, refreshing, empowering." Karen Fraase
"Exquisite, superb, wonderful." Mary Bridget Hunter
"Insightful, powerful, healing." Connie L. Clark

For **more information**, look at:

Brain Gym® Foundation web page: www.braingym.org

Options' website: www.options-center.com/EducationCenter/EducationHandbook

Options' website: www.options-center.com/Glossary/Education/BrainGym

Cost: Registration for individualized workshop [hourly appointments] at Options' current hourly rate.

Requirement: A Student Handbook for \$20.00 is required for the class. The book, *Brain Gym® Teacher's Edition* is recommended. Both can be purchased before or at the first appointment.



Registration Form for Brain Gym® & Behavioral Transformation-Part 3

Print Name _____ Street Address _____

City _____ State _____ Zip _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Profession: _____

e-mail address: _____ Payment included: _____

Check (Make payable to Options Center) Cash Credit Card (Visa, MC, American Express) Credit card #:

Expiration date: _____ Signature (for credit cards): _____