

Brain Gym® Curriculum Required Coursework - USA & CAN

The following is a summary of the coursework required to be licensed as a Brain Gym® Instructor for those based in the United States & Canada. If you have any questions, please contact our office at info@breakthroughsinternational.org for clarification.

Please note: the order of courses does not matter, except where prerequisites are required.

Core Curriculum - where fundamentals are learned (128 credits)

- 101 - Brain Gym® 101 Introduction (24 credits)
- 101 - Brain Gym® 101 Introduction Review* (24 credits)
- 201 - Optimal Brain Organization (16 credits)
- 301 - Edu-K In Depth** (32 credits)
- 401 - Teacher Practicum*** (32 credits)

*Recommended to take with a different instructor

**Bring four completed BG101 case studies to class

***Bring completed *Case Study Log, Balance Forms, and Private Sessions Forms* to class

Brain Gym® Curriculum Electives (96 credits)

- All levels from the Brain Gym® Curriculum count, with the exception of "Special Interest" and "Pilot" courses; view all Brain Gym Curriculum Course Descriptions at <https://breakthroughsinternational.org/course-descriptions/>
- Touch for Health 1 & 2 may count towards the Brain Gym® Curriculum electives

Anatomy or Kinesiology (16 credits)

- Physiological Bases of Learning (PBE 103 from the Brain Gym® Curriculum), *or*
- Touch for Health 1, if not used as an elective, *or*
- College Transcript with Anatomy and/or Physiology Credits

Practical Application

Hands On Experiences

- Facilitate 15 Case Studies: 4 from BG101, 3 from EID301, and 8 from course electives
- Receive 3 Private Consultations from a licensed instructors - candidates are encouraged to receive these from more than one instructor to help inform their own style

Administrative

- Pay annual fee (based on \$250 USD, using the Power Purchasing Parity (PPP) system)
- Sign instructor agreement
- Receive certificate of licensure, instructions for creating online profile, and access to the Google Classrooms



CASE STUDY LOG

Case studies of at least fifteen balances are required to become a Brain Gym® Instructor/Consultant in the United States and Canada. Please use the *Case Study Balance Forms* to record each balance, and this form to log them. Bring both forms with you to the BG301 *In Depth: Seven Dimensions of Intelligence* course and to the BG401 *Teacher Practicum* course. In addition, bring three completed Private Sessions forms to BG401 *Teacher Practicum*.

When facilitating each case study, the goals are to:

- Develop thorough and clear record-keeping skills facilitating professionalism and continuity in one's practice.
- Build proficiency and confidence in guiding others through the movements.

Contact Details

NAME OF CANDIDATE	
EMAIL ADDRESS	
PHONE NUMBER	
ADDRESS	

BG 101 BALANCES

1. Brain Gym 101

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

2. Brain Gym 101

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

3. Brain Gym 101

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

Self Balance

(Using noticing and based on BG101 material)

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

301 EDU-K IN DEPTH BALANCES

1. 301 Edu-K In Depth

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

2. 301 Edu-K In Depth

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

3. 301 Edu-K In Depth

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

8 STUDENT CHOICE BALANCES

1. Student Choice Balances

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

2. Student Choice Balances

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

3. Student Choice Balances

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

4. Student Choice Balances

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

8 STUDENT CHOICE BALANCES

5. Student Choice Balances

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

6. Student Choice Balances

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

7. Student Choice Balances

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

8. Student Choice Balances

DATE _____

NAME OF BALANCE RECIPIENT

TYPE OF BALANCE

SOMETHING I LEARNED FROM
FACILITATING THIS BALANCE

CASE STUDY BALANCE FORM

The completion of this form provides important feedback to the Brain Gym® Instructor/Consultant candidate. We appreciate your input.

NAME OF CANDIDATE _____

NAME OF RECIPIENT _____ DATE _____

GOAL FOR THE SESSION (OPTIONAL) _____

My session emphasized the following skills and areas of learning (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> COMMUNICATION | <input type="checkbox"/> FOCUS AND CONCENTRATION | <input type="checkbox"/> ORGANIZATION ABILITIES |
| <input type="checkbox"/> VISION IMPROVEMENT | <input type="checkbox"/> EYE/HAND COORDINATION | <input type="checkbox"/> LISTENING |
| <input type="checkbox"/> READING | <input type="checkbox"/> RELAXATION AND STAYING ON TASK | <input type="checkbox"/> DRAWING |
| <input type="checkbox"/> SPEECH | <input type="checkbox"/> MEMORY | <input type="checkbox"/> WRITING |
| <input type="checkbox"/> MATH | <input type="checkbox"/> BALANCE OF EMOTIONAL STRESS WITH RATIONAL THINKING | |
| <input type="checkbox"/> OTHER _____ | | |

What was your experience of the candidate's skill in the following areas?

YES	SOMETIMES	RARELY	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LISTENED TO MY NEEDS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KNEW WHAT THEY WERE DOING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WAS CONFIDENT IN THEIR ABILITIES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WAS WELL ORGANIZED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMMUNICATED CLEARLY BEFORE AND DURING SESSION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HONORED MY LEARNING RHYTHM AND NEEDS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VALIDATED MY GIFTS AND ABILITIES

- I would work with (name of candidate) _____ again.
- I would recommend Brain Gym® to a friend.

TYPE OF BALANCE _____
(I.E. X SPAN BALANCE, IN DEPTH BALANCE, ACTION BALANCE FOR _____, ETC)

SIGNATURE OF BALANCE RECIPIENT

SIGNATURE OF CANDIDATE

Candidate: please record this balance on your case study log. Bring the Case Study Log and corresponding Balance Forms with you to the *Educational Kinesiology In Depth: Seven Dimensions of Intelligence* course and/or the *Brain Gym Teacher Practicum* course.

FORM FOR CANDIDATE RECEIVING PRIVATE SESSION

Self-reflection is a valued skill of being a Licensed Brain Gym Instructor/Consultant. Use this form to note your experience during this session, where you might be drawn to next, and any other insights you've gained. Feel free to use additional space if needed. We highly encourage receiving the 3 required sessions from a variety of licensed instructors/consultants in order to see different styles of consulting. Feel free to use additional space if needed.

NAME OF CANDIDATE DATE

LICENSED BRAIN GYM INSTRUCTOR/CONSULTANT

GOAL FOR THE SESSION (OPTIONAL)

TYPE OF BALANCE: 100 LEVEL 200 LEVEL 300 LEVEL 400 LEVEL OTHER

TYPE OF SESSION: IN PERSON EMAIL PHONE CONSULT OTHER

Reflections:

What did I learn about myself personally while receiving the balance?

What techniques and skills can I apply from this experience when I facilitate balances with others?

How can I strengthen and support myself in becoming a well-rounded professional (Within the consulting framework identify some opportunities for growth and begin identifying future goal possibilities)?

By signing below you are confirming that you facilitated a private session on DATE

for the Instructor/Consultant candidate named on this form.

PRINT NAME

SIGNATURE

If session was not completed in person please attach verification from Licensed Consultant