



Application for the Tutor /Academic Therapist Referral List for Multi-Sensory, Structured, Language Based, Remediation Services

Upper Midwest Branch of The International DYSLEXIA Association promoting literacy through research, education and advocacy.

Personal Information:

Name: _____ IDA Member #: _____
Address: _____ City: _____
State or Province: _____ Zip or Postal Code: _____
Business Phone: _____ Personal: _____
Email Address: _____ Website: _____

***There are two options to qualify for the IDA-UMB tutor referral list. Qualifications must include appropriate level of membership in one of the three national credentialing organizations (option 1) OR successful completion of training, in one of the methods or approaches included on the IDA Matrix of Multisensory Structured Language Programs that include a supervised practicum (option 2 - see below).

Option 1: Are you a member of one of the following organizations?

_____ AOGPE - Academy of Orton Gillingham Practitioners and Educators
Level of Membership _____ Associate _____ Certified _____ Fellow
_____ ALTA - Academic Language Therapy Association _____ Therapist Level
_____ IMSLEC - International Multisensory Structured Language Education Council
Level of Accreditation _____ Teacher _____ Therapy _____ Instructor of Therapy

Option 2: Please check the multisensory, structured language training program(s) that you have successfully completed.

_____ Alphabet Phonics _____ Language!
_____ The Slingerland Approach _____ Wilson Reading System® _____ Starting Over

Orton-Gillingham Approach Training:

_____ Orton-Gillingham of Minnesota (Level II or higher) _____ Reading Center of MN (Basic Level or higher)
_____ Other Multisensory OG Training (you will need to provide additional documentation to verify hours completed)

*** training must fulfill requirements satisfied by programs listed above to meet committee approval

Number of classroom instructional hours completed (minimum 60) _____

Number of supervised practicum hours completed (minimum 60) _____

Number of hours of direct teaching observations by training supervisor (minimum 5) _____

PLEASE ATTACH COPIES OF YOUR CREDENTIALS. Include current contact information for the instructor(s) and organization where you completed your training. Information will be verified.

Organization/Program _____ Training Dates _____

Instructor(s) Names and Contact Information _____

ADDITIONAL AREAS OF EXPERIENCE (circle) Not necessary for inclusion on the referral list.

ADD/ADHD	Evaluation of Academic Skills	Science/Social Studies Support
Advocacy/IEP/504	Mathematics	Study Skills
Assistive Technology	Organizational Skills	Writing
Early Childhood Intervention	Post secondary Planning/Transition	On-line Tutoring
ESL/ELL	ACT/SAT/Other Exam preparation	Other: _____

Levels of students you serve: (circle) Preschool-K Elementary Middle School High School Adult

Licensure/Certification (If applicable-attach copy)

State issuing license/certification _____ License # _____

Educational Background (Attach additional sheet if necessary)

College/University: _____ Degree/Major: _____

Relevant Professional Experience

Place of Employment: _____ Professional Role/Title: _____ Dates of Employment: _____

PLEASE READ CAREFULLY THE FOLLOWING STATEMENT BEFORE SIGNING:

By my signature below, I certify and attest that all my statements and representations I have made in this form are true. Additionally, I certify and attest that I have not been convicted of any felony or any crime, whether deemed a felony or not, involving any form of improper treatment of a child or adult. I also acknowledge that any information disseminated by IDA-UMB will be accompanied by a disclaimer indicating that all service providers listed in the database have signed this verification statement. I give IDA-UMB permission to share my name and contact information for the sole purpose of providing tutor referrals. It is my responsibility to notify IDA-UMB of changes to the information listed on this application.

I understand that listing in the IDA-UMB tutor referral database requires current membership in IDA and is at the **COMPLETE AND SOLE DISCRETION** of IDA-UMB. By submitting and signing this application, *I agree to accept IDA-UMB's determination regarding this request to be listed.* **Please scan and email form to referral@ida-umb.org**

Signature: _____ **Date:** _____