

—PART D—

Professional Staff Application

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Center: _____

Date: _____

Position Applied For: _____

For Office Use:

Approved: _____ Approval Date: _____

(Please complete the following information and attach copies of all required documentation.)

Name: _____ Date: _____

Address _____

City _____ State _____ Zip _____

Telephone: Day (____) _____ Evening (____) _____

Email: _____

Academic History (begin with highest degree)

Degree: _____ Institution: _____ Date: _____ Major: _____

Degree: _____ Institution: _____ Date: _____ Major: _____

Other Credits: _____

(Please submit a description of your Orton-Gillingham training and experience)

Orton-Gillingham Training: Principal Instructor: _____

Institution: _____ Telephone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

From (date training began) _____ to (date program completed) _____

Total number of classroom hours: _____ Practicum hours: _____

Ages of students taught in practicum: _____

Orton-Gillingham experience after training: _____

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Additional Orton-Gillingham or other multisensory training. Please include principal instructor, institution, address, dates, total hours, classroom hours, practicum hours, ages taught and practicum supervisor(s), if applicable, and submit copies of Certificates or other proof of completion.

Experience after training: _____

Conferences/Workshops/Courses you have attended. Include presentations you have given.

Below, please list dates and presenters and include certificates of proof of attendance. Use a separate sheet, if necessary.

Along with this application, please submit the approved Orton-Gillingham Teacher Initial Certification Form. If **no** Orton-Gillingham Teacher Initial Certification has been granted, please submit the documentation listed below:

1. Detailed lesson plan for each of two children who are at different levels. Include the following documentation for each lesson plan:
 - a. Brief background of the child including cognitive ability, what the child has learned in previous lessons and the focus of the submitted lesson.
 - b. A copy of the child's written work for the submitted lesson.
 - c. Checklist of previously learned phonograms and concepts.
2. Resume including professional society memberships.
3. Two letters of recommendation from persons knowledgeable about your professional work.

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4. Letter of recommendation from your principal Orton-Gillingham Instructor if not trained in the *Children's Dyslexia Centers, Inc.* program, a copy of either your highest level of *Children's Dyslexia Centers, Inc.* program certificate or a recommendation form if you were trained in the *Children's Dyslexia Centers, Inc.* program.

Please return this application form and accompanying documentation to:

(Center)
