



*Request To Be Listed In The International Dyslexia Association
Referral for Services Database*

I. Organization: _____
 Director/Contact Name: _____ Title: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail Address: _____
 Web Site Address: _____

2. Type of Services offered: (Check all that apply.)
 A. Boarding School Day School Summer Camp Other
 This is a State licensed/accredited facility; accreditation # _____
 B. Teacher Training Center University Hospital/Clinic
 Dyslexia/LD Support Center College Learning Center
 Other _____

3. This organization can provide assistance to individuals with dyslexia in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> Academic Therapy/Educational Therapy | <input type="checkbox"/> Multisensory Teacher Training |
| <input type="checkbox"/> Advocacy/Advocacy Training | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Post secondary planning-transition |
| <input type="checkbox"/> Adult Counseling | <input type="checkbox"/> Preschool Language Intervention |
| <input type="checkbox"/> Beginning Reading | <input type="checkbox"/> Reading |
| <input type="checkbox"/> College preparation | <input type="checkbox"/> SAT/Grad./Prof. Exam preparation |
| <input type="checkbox"/> Early Childhood Intervention | <input type="checkbox"/> Science |
| <input type="checkbox"/> English | <input type="checkbox"/> Student Counseling |
| <input type="checkbox"/> Evaluation of academic skills | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Job Counseling | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Legal Counseling: | <input type="checkbox"/> Writing IEPs |
| <input type="checkbox"/> Advocacy/Litigation/Mediation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mathematics | |

4. Has the Director (or contact person) of this organization completed a supervised practicum in any of the multisensory structured language approaches?

- | | |
|--|---|
| <input type="checkbox"/> Alphabetic Phonetic Structured Linguistic | <input type="checkbox"/> Orton-Gillinghanv'or derived program |
| <input type="checkbox"/> Alphabetic Phonics/or derived program | <input type="checkbox"/> Project Read/Language Circle |
| <input type="checkbox"/> The Association Method | <input type="checkbox"/> The Slingerland Approach |
| <input type="checkbox"/> The Herman Method | <input type="checkbox"/> The Spalding Method |
| <input type="checkbox"/> Language! | <input type="checkbox"/> Starting Over |
| <input type="checkbox"/> Lindamood-Bell Method | <input type="checkbox"/> Wilson Reading Program |
| <input type="checkbox"/> Other | |

3. I can provide assistance in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> Academic Therapy/Educational Therapy | <input type="checkbox"/> Multisensory Teacher Training |
| <input type="checkbox"/> Advocacy/Advocacy Training | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Post secondary planning - transition |
| <input type="checkbox"/> Adult Counseling | <input type="checkbox"/> Preschool Language Intervention |
| <input type="checkbox"/> Beginning Reading | <input type="checkbox"/> Reading |
| <input type="checkbox"/> College Preparation | <input type="checkbox"/> SAT/Grad./Prof. Exam preparation |
| <input type="checkbox"/> Early Childhood Intervention | <input type="checkbox"/> Science |
| <input type="checkbox"/> English | <input type="checkbox"/> Student Counseling |
| <input type="checkbox"/> Evaluation of academic skills | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Job Counseling | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Legal Counseling: | <input type="checkbox"/> Writing IEPs |
| <input type="checkbox"/> Advocacy/Litigation/Mediation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mathematics | |

4. Educational Background (attach additional sheet if necessary)

<u>Institution</u>	<u>Decree</u>	<u>Year</u> <u>Degree</u> <u>Awarded</u>
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5. Professional Experience (attach additional sheet if necessary)

<u>Place of Employment</u>	<u>Professional Role/Title</u>	<u>Dates of Employment</u>
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6. If possible, please provide references from two IDA members who know your work.

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 and that I have all credentials, education, degrees, licenses and/or certifications that are legally or customarily required in my field to perform the services I have checked off on this form. Further, I certify and attest that the credentials, education, degrees, licenses and/or certifications are current and have been issued by an institution or body accredited or empowered to do so. Additionally, I certify and attest that I have not been convicted of any felony or crimes involving professional malfeasance or abuse of any kind. I also acknowledge that a disclaimer will accompany any information disseminated by The International Dyslexia Association which indicates that all service providers listed in the database have signed this verification statement.

I understand that listing in the IDA database requires membership in The International Dyslexia Association (IDA) and is at **THE COMPLETE AND SOLE DISCRETION** of IDA. By submitting this application, I agree to accept IDA's determination regarding this request to be listed.

Signature: _____ Date: _____