



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

1. Professional Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: Day _____ Evening _____ Fax _____
 E-mail address: _____
 Web Site Address: _____

2. Type of Services offered: (Check more than one if applicable.)

A. Lawyer Psychologist Psychiatrist Social Worker Educational
 Other _____
 Areas of license/certification _____
 State issuing license/certification _____
 License # _____

B. Advocate Dyslexia/LD Specialist
 Educational Diagnostician Educational Therapist/Academic Therapist
 Reading Specialist Tutor of Academic Subjects
 School Psychologist Speech-Language Pathologist
 Areas of license/certification _____
 State issuing license/certification _____
 License/certification # (if applicable) _____

C. Have you completed supervised practicum in any one of the multisensory structured language approaches?
 Alphabetic Phonetic Structural Linguistic Orton-Gillingham/or derived program
 Alphabetic Phonics/or derived program Project Read/Language Circle
 The Association Method The Slingerland Approach
 The Herman Method The Spalding Method
 Language! Starting Over
 Lindamood-Bell Method Wilson Reading Program
 Other _____

Date training completed _____
 Where and under whom did you receive training _____

Are you certified in this method? _____
 Please describe your training (Attach additional sheet if necessary.) _____

Please attach a copy of your certificate.

D. Post Graduate/Professional Training: _____

3. I can provide assistance in the following areas:

- Academic Therapy/Educational Therapy
- Advocacy/Advocacy Training
- Assistive Technology
- Adult Counseling
- Beginning Reading
- College Preparation
- Early Childhood Intervention
- English
- Evaluation of academic skills
- Job Counseling
- Legal Counseling:
 Advocacy/Litigation/Mediation
- Mathematics

- Multisensory Teacher Training
- Organizational Skills
- Post secondary planning - transition
- Preschool Language Intervention
- Reading
- SAT/Grad./Prof. Exam preparation
- Science
- Student Counseling
- Study Skills
- Writing
- Writing IEPs
- Other: _____

4. Educational Background (attach additional sheet if necessary)

<u>Institution</u>	<u>Degree</u>	<u>Year Degree 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:** _____