



***Request To Be on Referral List for
Multi-Sensory, Structured, Language Based, Tutoring Services***
Upper Midwest Branch of The International DYSLEXIA Association
promoting literacy through research, education and advocacy"

Personal Information:

Professional Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Business Phone: _____ Personal: _____
 Fax: _____
 Email Address: _____ Website: _____

Where and under whom did you receive multi-sensory, structured, language based training? _____

Date training completed: _____ How many hours of supervised practicum? _____

Levels of students you serve: Preschool Elementary Middle School High School and Older

Please circle any multisensory language approaches for which you completed a supervised practicum

Alphabet Phonics (or derived program)	The Slingerland Approach	
The Association Method	Sonday System	Other: _____
Language!	The Spalding Method	_____
Orton-Gillingham	Starting Over	
Project Read / Language Circle	Wilson Reading Program	_____

Areas of Competence: Please circle those areas in which you can provide assistance to individuals with

dyslexia:

Educational/Academic Therapy	Post secondary planning/transition	Other: _____
Advocacy/Advocacy Training	Preschool language intervention	_____
Assistive Technology	Reading	_____
College Preparation	SAT/Grad./Prof. Exam preparation	
Early Childhood Intervention	Science support	
English	Student Counseling	
Evaluation of academic skills	Study Skills	
Legal counseling	Writing	
(Advocacy/Litigation/Mediation)	Writing IEPs	
Mathematics	Speech/Language Pathology	
Organizational Skills	ADHD coaching	

Areas of License/Certification(if any):

State issuing license/certification _____ License # _____

Educational Background (Attach additional sheet if necessary)

Institution:	Degree:	Year Awarded:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional Experience: (Attach additional sheet if necessary)

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

References: (If possible, please provide instructor names and dates of the multi-sensory training that you received)

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 crimes involving professional malfeasance or abuse of any kind. I also acknowledge that a disclaimer will accompany any information disseminated by UMBIDA which indicates that all service providers listed in the database have signed this verification statement.

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

*** If your name is listed on the UMBIDA tutor referral list, do you want your name given to callers in your area or do you want your name on a complete list that is mailed out to all callers who request it? Area only _____ Complete List _____**

Signature: _____ **Date:** _____

* Please Attach:	Description of Multisensory Training Copies of Certificates or Licenses Resume (if necessary)
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