

Language Skills Therapy

10700 SW Beaverton Hillsdale Hwy, Suite 470-2

Beaverton, Oregon 97005 – (503) 924-3157

info@languageskillstherapy.org

Membership Application

Name: _____

Address: _____

Best Contact Phone #: _____ Cell or landline? _____

Email: _____

Driver's License (state and number)* _____ Date of Birth* _____

*Information required for background check

EDUCATION

Undergraduate Institution/Degree/Year _____

Postgraduate Institution/Degree/Year _____

Have you held or do you currently hold a teaching certificate? _____

If yes, in what state(s) is it valid? _____

Have you had special education training? _____

Orton-Gillingham (O-G) Training

Have you received O-G /multisensory training from any of the following organizations:
(If yes, indicate any credential from the organization.)

Academic Language Therapy Association (ALTA) _____

Orton Gillingham Academy (OGA) _____

International Dyslexia Association (IDA) _____

International Multisensory Structural Language Education Council (IMSLEC)

Wilson _____

What is your experience with or knowledge of students with dyslexia/attention deficit disorder and related learning problems?

Are you a member of the International Dyslexia Association or similar organization?

REFERENCES

Please provide the names, addresses and telephone numbers of three people who can serve as professional references.

SIGNATURE

DATE

PLEASE ATTACH A CURRENT CV OR RESUME TO YOUR COMPLETED APPLICATION.