Application for Orton-Gillingham Associate OGA Training 2022/23

___________________________________________________(_____)__________
Last Name                              First                              Phone

____________________________________________________________
Address

____________________________________________________________
City/State/Zip                                          email

Why are you interested in this course? Please attach a 2-3-paragraph statement explaining your reasons for pursuing this training.

**Educational Background**

Bachelor’s Degree: _______________________ Major/minor: ______________________

Master’s Degree: _______________________ Major/minor: ______________________

Other degree(s) or training: ______________________

**Professional Experience:**

____________________________________________________________________

Intern / volunteer / personal experience that would relate to this course:

____________________________________________________________________

How did you hear about this course? ____________________________

➢ Please provide two personal recommendations. The forms are attached.
➢ On receipt of this form, two recommendations and your deposit, we will schedule a personal interview. Space is limited.

The Instructor is Catherine Wood Wyrick M.S., Accredited Training Fellow, Orton-Gillingham Academy. She formerly directed the Blosser Center for Dyslexia Resources, which she founded in 2000. She has also earned accreditation through the Center for Effective Reading Instruction/International Dyslexia Association.
Application for Orton-Gillingham Associate OGA Training 2022/23

Successful completion of this three-part training is the prerequisite for application to the Orton-Gillingham Academy at the Associate Level.

This Associate Level Orton-Gillingham training **comprises 66 hours of class time.** The required **practicum totals 100 student contact hours** over at least 8 consecutive months.

The 66 class hours are divided into Associate I (5 days in summer), plus Associate II, (6 Saturdays during the school year).

The practicum/internship runs concurrently with the Associate II class. Trainees work with two students (or one individual and one small group) at least twice a week. Teachers may work with students at their school.

Classes are held in the NWDR office complex.

**Associate I: 30 hours of class in the OGA Associate Curriculum**
June 20 - 24, 2022 9am-4pm.
_____Associate I ____________________________ $1200

**Associate II: 36 hours of classes in the OGA Associate Curriculum**
Six Saturday class dates and to be arranged with students. (School year 2022/23)
_____Associate II ____________________________ $1200

**Practicum/Internship**
_____Internship (including 10 on-site or video observations/consultations) ____________________________ $1600

The 10 observations/consultations may be spread over two school years.
NWDR collaborates with several local schools and screens all students for this practicum.

All trainees must pass a background check before working with students.

Classes are held at NW Dyslexia Resources’ office complex.

To apply, please make your course selection and **enclose a $100 deposit.**

**Make checks payable and mail to:**
Northwest Dyslexia Resources
10700 SW Beaverton-Hillsdale Hwy. #470-5,
Beaverton, OR 97005-0011
nwdyslexiaresources@gmail.org

All fees are due before the start of each course. A payment plan is available.

Classes are offered regardless of race, religion, ethnic origin or sexual orientation.
LETTER OF SUPPORT
ORTON-GILLINGHAM PRACTITIONER TRAINING

Thank you for taking the time to complete this letter of support. Please return to:

Northwest Dyslexia Resources
10700 SW Beaverton-Hillsdale Hwy. # 470-5
Beaverton, OR 97005
nwdyslexiaresources@gmail.com

Your Name:_________________________________________________________
Address:___________________________________________________________
Title:______________________________________________________________
Relationship to Applicant:
  o Employer
  o Colleague
  o Friend
  o Other_____________________

PART I

Name of Applicant:__________________________________________________
Address of Applicant:_______________________________________________
PART II

Your professional relationship to this applicant: __________________________

________________________________________________________________________

Please share your professional judgment regarding the qualifications of this candidate using the following chart.

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<th>Attribute</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Rate</th>
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Please add any information you feel would be helpful in considering this applicant:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please check one:
- I strongly recommend this applicant
- I recommend this applicant
- I cannot recommend this applicant

Signature________________________________________________   Date____________