



**ORTON-GILLINGHAM ASSOCIATE LEVEL TRAINING COURSE
REGISTRATION FORM**

Name _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Education: (List Degrees, Certificates, Etc.) _____

Are you an Educator/Therapist/Parent? _____

Provide School or Office Name _____

QUALIFICATIONS: If you have a resume, please include.

Have You Had Any Previous Experience with Orton-Gillingham? Please Explain _____

Please Provide Names and 2 Letters of Reference From People Who Know Your Work.

Name _____ Position _____

Name _____ Position _____

Please attach a personal statement explaining your education philosophy or beliefs, and why you want to take this course.

COURSE FEES:

\$3900.00

Please make all checks payable to: **WISHES OF LITERACY** and mail to:

Wishes of Literacy, Inc.

3974 Amboy Road, Suite 302

Staten Island, NY 10308

ADDITIONAL COSTS:

Approximately \$250.00 for books and supplies.

ALL APPLICANTS: Please read the information below very carefully.

Your signature denotes acceptance of the following terms and conditions:

A minimum deposit of 500.00 is required by June 15, 2017 to secure a spot within the training group. Space is limited, so first come first serve will be honored.

I understand that the remaining balance of 3,400.00 is due in increments of 500.00 by the 1st of each month starting July 1, 2017 and ending on January 1, 2018 with the final payment of \$400.00.

I also understand failure to pay according to schedule without prior agreement may result in my release from the training program and forfeiture of any monies paid to date. I also understand if I do not complete the course, no monies already paid will be returned to me.

Each participant must satisfactorily complete all coursework, practicum and observations to receive certificate of completion and be eligible to apply to the Academy of Orton-Gillingham Practitioners & Educators.

I understand that to apply to the Academy, the applicant must have a minimum of a Bachelors Degree in any area of study.

PRACTICUM:

I understand to receive a certificate of completion and be eligible to apply to the Academy of Orton Gillingham Practitioners and Educators, I must complete 100 practicum hours with 10 observations. This is an unpaid practicum. Practicum and observation must be completed at Wishes of Literacy with a mutually agreed schedule to be determined.

Regarding practicum, I understand that I am required to work with a student 2 times per week for 60 minutes sessions each and that these sessions must be one at least day apart.

Participants are expected to arrive promptly to all classes and scheduled practicum and observations and complete all assignments. Excessive absences will be grounds for denial of course completion certificate and denial of recommendation to the Academy.

Signature_____Date_____

Wishes of Literacy, Inc, 3974 Amboy Road, Suite 302 Staten Island, NY 10308 – 718-554-4588-wishesofliteracy.org