**Northwest Dyslexia Resources**

**Affiliated Tutors Program**

The NWDR Affiliated Tutor Program helps families or schools connect with professional Orton-Gillingham practitioners. These professional tutors use the Orton-Gillingham Approach with fidelity as set forth by of the Academy of Orton-Gillingham Practitioners and Educators. All have completed an Academy approved Associate level course and most have AOGPE certification. Some also have certification through the International Dyslexia Association’s Center for Effective Reading Instruction.

The Affiliated Tutors Program offers practitioners an institutional “home”, with insurance coverage. Affiliated tutors are required to have completed Orton-Gillingham training at the Associate level or above.

Affiliated Tutors provide services entirely independently of NWDR. NWDR does not have a clinic.

Your name, a brief biography, picture and contact information will be posted on the NWDR website. Clients will contact you directly.

NWDR will not automatically pre and post-test students.

Affiliated Tutors are assessed a monthly fee of $50 which includes:

* Full-coverage liability insurance through NWDR (a background check is required)
* Monthly Case Study meetings (October through May)
* Official AOGPE mentorship by Academy Fellow (Cathy Wyrick)
* Access to testing materials
* Billing and collection service on request
* Discounts on teaching materials (books, phonics cards, etc.)
* A listing on the NWDR website to connect with potential clients
* Personalized business cards identifying you as a NWDR Affiliate
* Letterhead for correspondence and billing
* Free NWDR tote bag (coming soon)
* Use of NWDR office space for tutoring and/or meetings, subject to availability
* Connections with other Orton-Gillingham tutors for collaboration and support

(2/28/19)

## Northwest Dyslexia Resources Affiliated Tutor Application

 2018/19

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Last Name First Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### City/State/Zip e-mail

Orton-Gillingham Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orton-Gillingham Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bachelor’s Degree: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Major/minor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Master’s Degree**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Major/mino**r:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other Advanced Degree**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Major/mino**r:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current Employer/ or Self Employed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Professional Experience**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide one personal recommendation. The form is attached.**

**You must provide proof of a background check.**

**You must have a signed open access agreement on file with NWDR.**

***For Office Use:***

* *Recommendation received and on file \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *NWDR current background check on file \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *Signed Open Access Agreement on file with NWDR\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 (2/2019)

LETTER OF SUPPORT for NWDR AFFILIATED TUTOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied

to be an Affiliated reading/dyslexia tutor with Northwest Dyslexia Resources.

Please help us understand this applicant’s qualifications to work with struggling students.

Thank you for taking the time to help. Please return to:

**Northwest Dyslexia Resources**

**10700 SW Beaverton-Hillsdale Hwy #470-5**

**Beaverton, OR 972005**

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Relationship to Applicant:

* Employer
* Colleague
* Friend
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions? email to nwdyslexiaresources@gmail.com

Please share your professional judgment on this chart regarding the qualifications of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be an affiliated reading/dyslexia tutor with

Northwest Dyslexia Resources.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Attribute | Excellent | Above Average | Average | Below Average | Unable to Rate |
| Teaching Skill |  |  |  |  |  |
| Academic Ability |  |  |  |  |  |
| Time Management |  |  |  |  |  |
| Judgment |  |  |  |  |  |
| Communication: |  |  |  |  |  |
|  Oral |  |  |  |  |  |
|  Written |  |  |  |  |  |
| Ability to Work With: |  |  |  |  |  |
|  Students |  |  |  |  |  |
|  Colleagues |  |  |  |  |  |

Please add any other information you feel would be helpful in considering this applicant to be an Affiliated tutor with NWDR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check one:

* I strongly recommend this applicant
* I recommend this applicant
* I cannot recommend this applicant

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_