## Application for Orton-Gillingham Associate OGA Training 2024/2025

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### 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 with Dorothy Blosser Whitehead.

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## Application for Orton-Gillingham Associate OGA Training 2024/2025

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.

#### Associate I: 30 hours of class in the OGA Associate Curriculum

June 24-28, 2024 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 2024/2025)

\_\_\_\_\_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.**  **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. #321  Beaverton, OR 97005-0011  [nwdyslexiaresources@gmail.org](mailto: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. # 321

Beaverton, OR 97005

[nwdyslexiaresources@gmail.com](mailto:nwdyslexiaresources@gmail.com)

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

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

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

Relationship to Applicant:

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

**PART I**

Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II**

Your professional relationship to this applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_