



Application for cohort:  
Year \_\_\_\_\_  
Winter/Spring \_\_\_\_\_  
Summer \_\_\_\_\_

## Application for Dyslexia Certificate Program

*This application must be completed, signed and mailed or emailed to the Dyslexia Training Institute to be considered for the Dyslexia Certificate Program. Applications must be received no less than 14 days before the first day of the Dyslexia Certificate Program.*

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I am a: (check all that apply)

\_\_\_\_\_ K-12 General Ed Teacher (grade level(s): \_\_\_\_\_ )

\_\_\_\_\_ K-12 Special Education Teacher (grade level(s): \_\_\_\_\_ )

\_\_\_\_\_ K-12 Administrator (position: \_\_\_\_\_ )

\_\_\_\_\_ Secondary Educator (grade level(s) & subject(s): \_\_\_\_\_ )

\_\_\_\_\_ Parent of a child(ren) with dyslexia (Age of child(ren): \_\_\_\_\_ )

\_\_\_\_\_ Parent of a child(ren) with other learning disabilities (Age(s) & Disability: \_\_\_\_\_ )

\_\_\_\_\_ Private Tutor (Age(s) you tutor: \_\_\_\_\_ )

\_\_\_\_\_ Specialized Therapist                      Educational Therapist                      SLP                      OT

Other: \_\_\_\_\_

If you are in private practice, please describe your services and target clientele:

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

# DYSLEXIA

TRAINING INSTITUTE  
EDUCATION CHANGES EVERYTHING

What is your native language? \_\_\_\_\_

Other languages you speak, read and/or write: \_\_\_\_\_

Do you have a learning disability?  Yes  No

If yes, please indicate the disability and what accommodations you use regularly?

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Have you taken an online class before?  Yes  No

What is your level of proficiency using a computer and the internet?

Computer:  beginner  intermediate  advanced/proficient

Internet:  beginner  intermediate  advanced/proficient

What type(s) of computers will you use to access the class site?

PC  Mac  Tablet  Other: \_\_\_\_\_

Highest level of education attained: \_\_\_\_\_

Area of study beyond high school level: \_\_\_\_\_

List any specialized training:

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On separate paper, please answer the following questions:

- 1) Why are you interested in completing the Dyslexia Certificate Program?
- 2) What experience do you have working with children or adults with learning disabilities? (Include age group(s) you have worked with, disabilities of group(s) and number of years you have with each group.)
- 3) How do you perceive using the training you receive through the Dyslexia Certificate Program?
- 4) If you have had previous training to work with individuals with dyslexia, explain how you implemented the training and what benefits and challenges you experienced from the implementation.

## **TERMS AND CONDITIONS**

Henceforth, *Participant* is defined as any person applying for, participating in, and/or completing the certification process.

Participant certifies they are at least 18 years of age. \_\_\_\_\_ (initial on line)

Participant certifies they have read the full Program Guide for the cohort in which they are submitting application. \_\_\_\_\_ (initial on the line)

### **COURSE WORK AND SCHEDULE**

Participant agrees to complete all online course work and practicum according to the schedule specified by the Dyslexia Training Institute. Participants are responsible for knowing the course schedule and expected completion dates.

### **RIGHT TO REFUSE CERTIFICATION**

The Dyslexia Training Institute reserves the right to refuse certification to any Participant that has not met the standards established by the Dyslexia Training Institute for the Dyslexia Certificate Program. The Dyslexia Training Institute agrees to provide reasonable support to the Participant to assist the Participant in successful completion of the Dyslexia Certificate Program.



**NO WARRANTIES**

The Instructor makes no promises or warranties with regards to a Participant’s performance as a result of any training provided.

**TERMINATION OR FAILURE TO COMPLETE COURSE**

Participant agrees to the refund policy outlined in the Dyslexia Certificate Program Guide.

**WHOLE AGREEMENT**

This agreement constitutes the entire understanding between the parties with regard to the subject matter thereof and the parties waive the right to rely on any alleged expressed or implied provision not contained herein. Any alteration to this agreement must be in writing and signed by both parties.

*By signing my name below, I acknowledge that I have read and accept the terms and conditions stated in this document for participating in the Dyslexia Certificate Program. Additionally, I agree to the scheduling, payment/fees, and office policy information of the Dyslexia Training Institute.*

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Participant’s Signature

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Date