



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 (Please circle: 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?

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:



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

This contract may be terminated by either party at any time by giving the other party two weeks prior written notice. Participant agrees to pay in full all fees associated with the Dyslexia Certificate Program regardless of when the Participant terminates this contract. The Participant will not be refunded any fees paid for the Dyslexia Certificate Program once the program session begins regardless of when a Participant leaves the program.

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.

Participant's Signature

Date