



Academy of
Orton-Gillingham
Practitioners
and Educators

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Incorporated Under New York State Education Law

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ORTON-GILLINGHAM CLASSROOM EDUCATOR APPLICATION

I. Contact Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____ Cell Phone _____

(for renewal and other notices)

Note: Academy members' contact information, including e-mail addresses and home phone numbers, will be published in the Academy Membership Directory unless Academy staff members are instructed otherwise.

II. Academic History (Begin with Highest Degree)

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

III. Employment History (beginning with most recent)

IV. Orton-Gillingham Training for Classroom Educators

Course work, total hours, _____, based on the Academy curriculum at the Classroom Educator Level from (date coursework began) _____ to (date coursework completed) _____.

Supervised practicum, total hours, _____, based on the Academy guidelines at the Classroom Educator Level from (date practicum began) _____ to (date practicum completed) _____.

Observations (40 to 60 minutes each on non-consecutive days), **total number,** _____, by a Fellow, based on the Academy guidelines at the Classroom Educator Level.

Principal Training Fellow _____ Institution(s) _____

Address _____ City _____ State _____

V. Orton-Gillingham Teaching Experience

List current Supervising Fellow _____

List teaching as an Orton-Gillingham Classroom Educator: Total Years _____ Months _____

School(s) _____ Dates _____

Number of students (group/classroom) _____

Age range and Grades _____ Number of times per week _____

VI. Complete vita.

VII. Brief statement including any additional information which might support your application.

VIII. Letters of Support from two persons, written using the required “Letter of Support, Orton-Gillingham Classroom Educator” form the Academy provides for this purpose; the form may be obtained from the Academy website or office. One letter must be from your principal Training Fellow. The second letter should be from someone who is familiar with your work as an Orton-Gillingham Classroom Educator. Those providing support letters should be asked to send them directly to the Academy.

The Academy should expect to receive recommendation forms from:

1) _____
 Last Name First Name

2) _____
 Last Name First Name

Be sure to submit:

- **Original application together with a copy of ALL supporting documentation.**
- **Two (2) complete copies of the application and ALL supporting documentation, The Academy suggests you make an extra copy to keep for your records.**
- **Application fee for Classroom Educator of \$100.00 (which includes a \$25.00 nonrefundable fee), payable to the Academy of Orton-Gillingham Practitioners and Educators.**