



Academy of  
Orton-Gillingham  
Practitioners  
and Educators

*Incorporated Under New York State Education Law*

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## ORTON-GILLINGHAM CLASSROOM EDUCATOR LETTER OF SUPPORT FORM

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

Are you the applicant's Principal Training Fellow?  Yes  No

If no, are you an Academy Member?  Yes – Level of Membership \_\_\_\_\_  No

### PART I

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

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

**The Applicant has satisfactorily completed:**

#### Coursework Hours

Orton-Gillingham Classroom Educator Level \_\_\_\_\_  
Number of Coursework Hours

#### Supervised Practicum Hours

Please note observations (on-site or video), must be entire and, if videoed, unedited lessons (40-60 mins each).

Orton-Gillingham Classroom Educator Level: \_\_\_\_\_  
Number of Hours                      Number of Observations

(#) \_\_\_\_ by Me; (#) \_\_\_\_ by \_\_\_\_\_ at the \_\_\_\_\_ Level of Membership  
Academy Member

#### Required Reading

Applicant has completed the required reading at the Orton-Gillingham Classroom Educator level:

Yes                       No

**PART II**

Please state your professional relationship to the applicant: \_\_\_\_\_

The Certifying Committee of the Academy of Orton-Gillingham Practitioners and Educators would appreciate your professional judgment regarding the qualification of this candidate. Please rate the applicant on the following attributes:

ATTRIBUTE	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNABLE TO RATE
<b>O-G Knowledge</b>					
<b>Teaching Skill</b>					
<b>Diagnostic Ability</b>					
<b>Prescriptive Ability</b>					
<b>Academic Ability</b>					
<b>Time Management</b>					
<b>Judgment</b>					
<b>Communication:</b>					
<b>Oral</b>					
<b>Written</b>					
<b>Ability to Work w/:</b>					
<b>Students</b>					
<b>Colleagues</b>					

Please add any information that you feel would be helpful to us in considering this applicant:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please check one:**

- I strongly recommend this applicant at the Orton-Gillingham Classroom Educator level.
- I recommend this applicant at the Orton-Gillingham Classroom Educator level.
- I cannot recommend this applicant (please attach a letter of explanation).

Please fully complete this form; otherwise, this candidate's application will be considered incomplete.

**RETURN RECOMMENDATION FORM DIRECTLY TO THE ACADEMY OFFICE:**

**Academy of Orton-Gillingham Practitioners and Educators  
PO BOX 234  
AMENIA, NY 12501-0234**