



Request To Be Listed in Referral for Services Database

The International DYSLEXIA Association®

**INDIVIDUALS &
PROFESSIONALS**

1. Personal Information:

Professional Name: _____ IDA Member Number: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Business Phone: _____ Personal: _____
 Fax: _____
 Email Address: _____ Website: _____

2. Types of Services Offered:

A. _____ Lawyer _____ Psychologist _____ Psychiatrist _____ Social Worker
 _____ Educational _____ Other: _____

Areas of license/certification: _____

State issuing license/certification: _____ License #: _____

B. _____ Educational Diagnostician _____ Reading Specialist
 _____ Educational/Academic Therapist _____ Dyslexia/LD Support
 _____ Tutor of Academic Subjects _____ Speech-Language Pathologist
 _____ School Psychologist _____ Advocate

Areas of license/certification: _____

State issuing license/certification: _____ License #: _____

C. Please circle any multisensory language approaches for which you completed a supervised practicum:*

Alphabetic Phonetic Structural Linguistic	Lindamood-Bell Method	Starting Over
Alphabet Phonics (or derived program)	Orton-Gillingham (or derived program)	Wilson Reading Program
The Association Method	Project Read / Language Circle	Other: _____
The Herman Method	The Slingerland Approach	_____
Language!	The Spalding Method	

Where and under whom you received training: _____*

Date training completed: _____ Are you certified in this method? _____*

D. Post Graduate/Professional Training: _____

3. Areas of Competence: Please circle those areas in which you can provide assistance to dyslexic people:

Educational/Academic Therapy	Job counseling	SAT/Grad./Prof. Exam preparation
Advocacy/Advocacy Training	Legal counseling	Science
Assistive Technology	(<i>Advocacy/Litigation/Mediation</i>)	Student Counseling
Adult Counseling	Mathematics	Study Skills
Beginning Reading	Multisensory Teacher Training	Writing
College Preparation	Organizational Skills	Writing IEPs
Early Childhood Intervention	Post secondary planning/transition	Other: _____
English	Preschool language intervention	_____
Evaluation of academic skills	Reading	_____

4. Educational Background (Attach additional sheet if necessary)

Institution:	Degree:	Year Awarded:
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Professional Experience: (Attach additional sheet if necessary)

Place of Employment:	Professional Role/Title	Dates of Employment:
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. References: (If possible, please provide references from two IDA members who know your work)

PLEASE READ CAREFULLY THE FOLLOWING STATEMENT BEFORE SIGNING:

By my signature below, I certify and attest that all my statements and representations I have made in this form are true and I have all credentials, education, degrees, licenses and/or certifications that are legally or customarily required in my field to perform the services I have checked off on this form. Further, I certify and attest that the credentials, education, degrees, licenses and/or certifications are current and have been issued by an institution or body accredited or empowered to do so. Additionally, I certify and attest that I have not been convicted of any felony or crimes involving professional malfeasance or abuse of any kind. I also acknowledge that a disclaimer will accompany any information disseminated by The International Dyslexia Association (IDA) which indicates that all service providers listed in the database have signed this verification statement.

I understand that listing in the IDA database requires membership in the IDA and is at the **COMPLETE AND SOLE DISCRETION** of IDA. By submitting this application, I agree to accept IDA's determination regarding this request to be listed.

Signature: _____ **Date:** _____

*** Please Attach:**

**Description of Multisensory Training
Copies of Certificates
Resume (if necessary)**