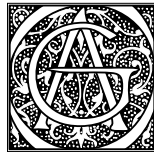


Academy of Orton-Gillingham



Practitioners and Educators

*Incorporated Under New York State Education Law*

P.O. Box 234

4950 Route 22, Suite 8

Amenia, New York 12501

## **FELLOW APPLICATION**

Please realize that we do not know you and can only judge your application on the information you submit.

**I. Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone #:** Evening \_\_\_\_\_

**Telephone #:** Daytime \_\_\_\_\_

**E-mail (if applicable)** \_\_\_\_\_

*Note: Unless otherwise indicated, upon your acceptance as an Academy member, your home telephone number and your e-mail address will be published in the Academy Directory.*

### **II. Academic History (Begin with Highest Degree)**

**Degree** \_\_\_\_\_ **Institution** \_\_\_\_\_ **Date** \_\_\_\_\_

**Degree** \_\_\_\_\_ **Institution** \_\_\_\_\_ **Date** \_\_\_\_\_

**Degree** \_\_\_\_\_ **Institution** \_\_\_\_\_ **Date** \_\_\_\_\_

**Other credits** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. Related Training**

**Related Training subsequent to application at the Certified level -- programs derived from Orton-Gillingham, such as: Alphabetic Phonics, Herman, Project Read (Enfield & Greene), Slingerland, Spalding, Wilson, and others.**

<b>Program</b>	<b>Hours</b>	<b>Dates</b>

**IV. A. Conferences/Workshops attended subsequent to Certification/AOGPE. Please include dates.**  
Use a separate sheet if necessary.

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**B. Conferences/Workshops at which you have presented. Please include dates.**  
Use a separate sheet if necessary.

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**V. Complete vita.** Please include a list of all publications.

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

**VII. Orton-Gillingham Training**

If you are **NOT** currently a **Certified member of the Academy**, please **advance to Section B.**

**\*\* NOTE: ALL APPLICANTS ARE REQUIRED TO RESPOND TO SECTIONS VIII THROUGH X (SEE PAGE 5). \*\***

**Answer SECTION A** if you are **currently a Certified member of AOGPE (PAGE 3)**

**OR**

**Answer SECTION B** if you are **NOT currently a Certified member AOGPE (PAGE 4-5)**

# Section A -- only for applicants who are currently Certified members.

**Section A** -- is required for all applicants who are applying for Academy membership who are **currently Certified members.**

## FELLOW TRAINING

**A-1. Course work, total hours** \_\_\_\_\_  
based on the Academy's curriculum beyond the Certified Curriculum.

**Supervised practicum, total hours** \_\_\_\_\_  
based on the Academy's guidelines beyond the Certified level.

List current supervising Fellow \_\_\_\_\_

Institution(s) \_\_\_\_\_

Address \_\_\_\_\_

from (date training program began) \_\_\_\_\_

to (date program completed) \_\_\_\_\_

### **A-2. Orton-Gillingham Experience**

**List work** as an Orton-Gillingham practitioner subsequent to application at the Certified level:

Years \_\_\_\_\_ Months \_\_\_\_\_

Dates \_\_\_\_\_ Age range \_\_\_\_\_

**Describe work** as an Orton-Gillingham Fellow-in-training. Include: Years \_\_\_\_\_ Months \_\_\_\_\_

Presentations \_\_\_\_\_

**A-3. One Complete Orton-Gillingham Lesson Plan (1:1), with profile**, that you have taught. Because an effective Orton-Gillingham lesson is individualized and based on the specific needs of each learner, please accompany your lesson with a profile of the learner.

The **Profile** includes:

- a personal description of the learner, including age
- information about the learner's cognitive functioning,
- information about the learner's academic achievement, including grade,
- a sequence of Orton-Gillingham elements taught **and** the number of lessons taught prior to the lesson submitted,
- the scheduled length in minutes of the lesson **and** scheduled frequency of lessons.

**Lesson plans state a clear teaching objective** based on the specific needs of the learner described in the profile and:

- are detailed, specific, and prescriptive;
- include specific phonemes, graphemes, words, and sentences;
- explain how you teach each section of the lesson,
- include accompanying student written work from **this** lesson (not a workbook page).
- Please date the lesson **and** number it in the series of lessons for this student.

**Section B**--for applicants who are **NOT currently AOGPE Certified** members.

**B-1. Course work**, total hours \_\_\_\_\_  
based on the Academy's curriculum at the **Certified** level.

**Supervised practicum**, total hours \_\_\_\_\_  
based on the Academy's guidelines at the **Certified** level.

Principal trainer(s) \_\_\_\_\_

Institution(s) \_\_\_\_\_

Address \_\_\_\_\_

from (date training program began) \_\_\_\_\_

to (date program completed) \_\_\_\_\_

**FELLOW TRAINING**

**Course work**, total hours \_\_\_\_\_  
based on the Academy's curriculum at the **Fellow** level.

**Supervised practicum**, total hours \_\_\_\_\_  
based on the Academy's guidelines at the **Fellow** level.

Principal trainer(s) \_\_\_\_\_

Institution(s) \_\_\_\_\_

Address \_\_\_\_\_

from (date training program began) \_\_\_\_\_

to (date program completed) \_\_\_\_\_

**B-2. Orton-Gillingham Experience**

List current supervising Fellow/AOGPE \_\_\_\_\_

List work as an Orton-Gillingham practitioner: Years \_\_\_\_\_ Months \_\_\_\_\_

Setting (including number of times per week, e.g., 2-5 times) **Dates**

\_\_\_\_\_

Number of students (1:1) \_\_\_\_\_ Age range \_\_\_\_\_

Number of students, small group \_\_\_\_\_ Size of group \_\_\_\_\_

**Describe work** as an Orton-Gillingham Fellow-in-training. Include: Years \_\_\_\_\_ Months \_\_\_\_\_

**Presentations**

\_\_\_\_\_

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**B-3. Two Complete Orton-Gillingham Lesson Plans (1:1), with profiles, that are appropriate for two different students at different stages of language remediation.** Because an effective Orton-Gillingham lesson is individualized and based on the specific needs of each learner, please accompany each lesson with a profile of the learner. Each **Profile** includes:

- a personal description of the learner, including age,
- information about the learner's cognitive functioning,
- information about the learner's academic achievement, including grade,
- a sequence of Orton-Gillingham elements **and** approximate number of lessons taught prior to lesson submitted,
- the scheduled length in minutes of each lesson **and** scheduled frequency of lessons.

**Lesson plans** state a clear teaching objective based on the specific needs of the learner described in the profile and:

- are detailed, specific, and prescriptive,
- include specific phonemes, graphemes, words, and sentences,
- explain how you teach each section of the lesson,
- include accompanying student written work from **this** lesson (not a workbook page).
- Please date the lesson **and** number it in the series of lessons for this student.

**VIII. Syllabus** -- include a syllabus of a course you have or would teach at the Associate or Certified level.

**IX. Lesson plan** for one complete instructional session for your trainees. Include details of how you would teach the lesson.

**X. Letters of support** from two persons who (1) are experienced **Orton-Gillingham** practitioners or educators, and (2) are directly familiar with your work as an Orton-Gillingham practitioner. One letter must be from your principal trainer. A support letter must use the *required form* the Academy provides for this purpose. The required form can be downloaded from the Academy's website or obtained from the Academy's office. Those providing support letters should personally send them directly to the Academy. It is the applicant's responsibility to see that the required forms are used and are received by the Academy office no later than the deadline. The Academy should expect to receive support letters from:

1) \_\_\_\_\_  
Last Name                      First Name                      Address

2) \_\_\_\_\_  
Last Name                      First Name                      Address

**Fellow initial application fee:     \$500 (includes \$125 nonrefundable fee)**

**Be sure to submit:**

- ~ **The Original application together with a copy of ALL supporting documentation.**
- ~ **Plus eleven (11) complete copies of the application and ALL supporting documentation.** (This totals 12 complete copies -- the original and 11 copies). **The Academy suggests you make an extra copy to keep for your records, as none of the material you submit can be returned.**
- ~ **Application fee payable to the Academy of Orton-Gillingham Practitioners and Educators.**

**MATERIALS SUBMITTED TO THE ACADEMY WILL NOT BE RETURNED.**

**Note:** *All members of the Academy accepted at the Fellow level are required to attend a Fellows' Workshop within two years of acceptance in order to maintain Fellow status. Workshops will be scheduled in various regions of the country to facilitate attendance.*