



Academy of
Orton-Gillingham
Practitioners
and Educators

P.O. Box 234 Amenia, NY 12501-0234
Ph (845) 373-8919 / Fax (845) 373-8925 / E-mail: ortonacademy@verizon.net

CERTIFIED LEVEL APPLICATION

Since members of the Certifying Committee most likely do not know you, or know of your experience, please provide as detailed information as is possible for their review. Also, please note that application forms and materials submitted to the Academy will not be returned.

I. Contact Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone Evening _____ Telephone Daytime _____

E-mail (if available): _____ (for renewal and other notices)

Note: Academy members' contact information, including e-mails and home phone numbers, will be published in the 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 _____

Other academic credits/education/designations/certifications (other than O-G training)

III. A. Orton-Gillingham Training—Associate Level

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

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

Observations (on-site or video), at least 10 entire and, if videoed, unedited lessons (40 to 60 mins. each), _____, by a Fellow, based on the Academy's guidelines at the Associate Level.

Principal Training Fellow _____ Institution(s) _____

Address _____ City _____ State _____

Date (mo./yr.) you were accepted by Academy at Associate Level _____

B. Orton-Gillingham Training—Certified Level

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

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

Observations (on-site or video), at least 10 entire and, if videoed, unedited lessons (40 to 60 mins. each), _____, by a Fellow, based on the Academy’s guidelines at the Certified Level, for a total of 20 observations.

Principal Training Fellow _____ Institution(s) _____

Address _____ City _____ State _____

IV. Related Training—Programs derived from Orton-Gillingham, such as: Alphabetic Phonics, Herman, Project Read (Enfield & Greene), Slingerland, Spalding, Wilson, and others.

Program	Hours	Dates

V. Conferences/Workshops. Please include dates. Use a separate sheet if necessary.

VI. Orton-Gillingham Tutoring/Small Group Experience

List current supervising Fellow _____

List tutoring as an Orton-Gillingham practitioner: Total Years _____ Months _____

Site (Home, Institution, Private Practice) _____ Dates _____

How often each week: _____ Number of students (1:1) _____ Age range _____

If you’ve worked with small groups, how many such groups? _____

How many in a group at one time? _____ Age Range _____

VII. Complete vita.

VIII. **Brief statement including** any additional information that might support your application.

IX. **Two Complete Orton-Gillingham Lesson Plans (1:1), with Profiles**, which you have taught and 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 is to include:

- 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, and
- Include accompanying student written work from **the specific** lesson (workbook pages are not appropriate)
- Include the date of the lesson **and** the number it is in the series of lessons for this student.

X. **Letters of support** from two persons, written using the required “Letter of Support” 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 practitioner. Those providing support letters should be asked to send them directly to the Academy. It is your responsibility to see that the required forms are used and are received by the Academy office by the deadline.

The Academy should expect to receive recommendation forms from:

- 1) _____
 Last Name First Name Address
- 2) _____
 Last Name First Name Address

Be sure to submit:

- **Original application together with a copy of ALL supporting documentation.**
- **Eleven (11) complete copies of the application and ALL supporting documentation.**
 (This totals 12 full documents –the original and 11 copies; the Academy suggests you make an extra copy to keep for your records.)
- **Checklist to be completed and sent along with application; checklist is found on the Academy website in the “Certification Program” section.**
- **The appropriate Certified Level application fee as follows:**
 - **\$275 -- First-time application fee (includes \$85 nonrefundable fee), payable to the Academy of Orton-Gillingham Practitioners and Educators**
 - **\$25 -- Reapplication fee (for individuals who have been previously deferred)**

Checklist: Please Complete & Include With Your Application for Associate, Certified or Fellow Membership to the Academy

This checklist will help you in preparing a complete application and will assist the Academy in its review of your application. Please write “yes” before each item that applies to you and send this checklist along with your application. It is important for you to know that for the Academy Fellows who review membership applications, the documentation requested is essential. Thank you in advance for your cooperation.

I have listed, included, or documented.....

_____ all information requested on the **most recent** application form downloaded from the Website (ortonacademy.org).

_____ letters of support from two persons using the required “Letter of Support” form the Academy provides for this purpose; these can be obtained from the Academy website or office. One letter must be from my principal training Fellow; the second should be from someone who is familiar with my work as an Orton-Gillingham practitioner. Those providing support letters should be asked to send them directly to the Academy. It is my responsibility to see that the required forms are used and are received by the Academy office by the deadline.

_____ college degree(s): at least a Bachelor's Degree for Associate and Certified, and a Master's Degree or equivalent for Fellow.

_____ a minimum of 60 hours of O-G coursework with an Academy Fellow for Associate; an additional 100 hours (totaling 160 hours of coursework) for Certified; and an additional 90 hours (totaling 250 hours of coursework) for Fellow.

_____ supervised practicum hours teaching one-on-one: 100 hours for Associate over a period of 8 months to 1 year; an additional 200 hours (totaling 300) for Certified over a 2- year period; and an additional 300 hour (totaling 600 hrs.) for Fellow with a minimum of 6 years of experience as a practitioner.

_____ observations (on-site or video), entire and, if videoed, unedited lessons (40 to 60 mins. each), by a Fellow, based on Academy guidelines: 10 hours for Associate and 10 hours (totaling 20 hours) for Certified. For the Fellow, documentation that shows I have been observed while teaching coursework at the Associate and Certified levels and while supervising Academy candidates.

_____ all related Orton-Gillingham training under that title on the application form.

_____ all Conferences and Workshops attended under that title on the form.

_____ all experience as an Orton-Gillingham Practitioner.

_____ an up-to-date Vita.

_____ a brief statement that includes my reason for applying along with additional information I want the Reviewing Committee members to consider.

_____ verification by my Fellow that I have completed all of the required reading.

With my lesson plan(s) I have included:

- ___ all information for the Student Profile(s) requested on the application
- ___ each lesson presented with the lesson number and the date it was given clearly shown on *each* page.
- ___ a listing of all the language concepts introduced prior to the lessons submitted.
- ___ work-papers that demonstrate all aspects of drills, concepts, skills, and other procedures appropriate in an O-G lesson whether the student is at a lower or advanced level of instruction.
- ___ copies of all materials used during the lesson; reading lists, content reading, teacher designed worksheets, etc. (References to materials such as "see *Such and Such...page 15*" are unacceptable);
- ___ written comments on the lesson plan or the student's work-papers about "*why I did what did*" with the student during the O-G lesson.

As an Associate Applicant I have included **all** items listed above as well as the following:

- ___ three lesson plans and a profile for one student: a pre-lesson, my annotated lesson (explaining in depth what I did and how I did it, and the student's response), and the follow-up lesson
- ___ all work-papers created by the student during all three lessons (note: a reference that the student did the written work on a chalk board or in a certain commercial publication is unacceptable for the submitted lessons);
- ___ as appropriate, evidence of instruction with syllable types and syllable division patterns including the steps used to provide review and practice with these concepts;
- ___ discussion of the procedures used for the student's "error repair" with examples included on the student's work-papers;
- ___ appropriate notations of student responses on the lesson plans or the student's work-papers to help in planning the next lesson(s).

As a Certified Applicant I have included all items listed above under “with my lesson plan(s)” as well as:

- _____ two annotated lesson plans and profiles; one profile and lesson with a student at the lower level of language instruction and one profile and lesson with a student at a higher level of language instruction;
- _____ all work-papers created by the student during each lesson (note: references to chalk board or white board writing is not acceptable for the submitted lessons)

As a Fellow Applicant: I have included all items listed above under “with my lesson plan(s)” as well as:

Who is currently a Certified Member, I have included:

- _____ one annotated lesson plan and a profile for an advanced student; that meets all the criteria specified above under the applicant checklist for both Associate and Certified lesson plan(s).
- _____ all work papers created by the student during your lessons (note: references to chalk board and white board writing is not acceptable for the submitted lessons)
- _____ a detailed training syllabus that you have personally developed appropriate for a person involved in training teachers in the Orton-Gillingham approach.
- _____ a detailed lesson plan for a class that you would teach to your trainees in an Orton-Gillingham training course.

Who is not currently a Certified Member, I have included:

- _____ annotated lesson plans and profiles, for each of two students One lesson for a student working at the lower level of language instruction and one lesson for a student at a higher level of language instruction.
- _____ all work-papers created by each student during each lesson (note: references to chalk board and white board writing is not acceptable for the submitted lessons)
- _____ a detailed training syllabus that you have personally developed appropriate for a person involved in training teachers in the Orton-Gillingham approach,
- _____ a detailed lesson plan that you would teach to your trainees in an Orton-Gillingham training course.



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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

[] Associate Level _____
number of coursework hours

[] Certified Level _____
number of coursework hours

[] Fellow 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).

[] Associate Level _____
number of hours number of observations additional hours of observation

By [] Me [] Other Academy Member who is at the _____ Level of Membership

[] Certified Level _____
number of hours number of observations additional hours of observation

By [] Me [] Other Academy Member who is at the _____ Level of Membership

[] Fellow level: _____
number of hours number of observations additional hours of observation

By [] Me [] Other Academy Member who is at the _____ Level of Membership

Required Reading

The applicant has completed the required reading at the: [] Associate Level [] Certified Level [] Fellow Level

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 qualifications of this candidate. Please rate the applicant on the following attributes:

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

*for Fellow applicants only

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

Please check to indicate your final overall recommendation:

- I strongly recommend this applicant be accepted at the level he/she applied for:
 - Associate Level Certified Level Fellow Level
- I recommend this applicant be accepted at a level other than the level he/she applied for:
 - Associate Level Certified Level Fellow Level

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

RETURN RECOMMENDATION FORM DIRECTLY TO THE ACADEMY OFFICE:

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