



Academy of
Orton-Gillingham
Practitioners
and Educators

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Preliminary Accreditation Application **Orton-Gillingham Instructional Program**

Please check one: School Clinic Camp/Summer Program

I. Date: _____

Name of School /Clinic/Camp/Summer Program: _____

Name of Director of Program: _____

Contact person (if different from Director): _____

Address (Street, City, State): _____

Phone: _____ E-mail: _____

Website: _____

II. STUDENTS

A. Demographics

1. Number of Students: Day: _____ Boarding: _____ Total: _____

2. Number of Boys: _____ Number of Girls: _____

3. Diagnosis: LD _____ Dyslexic _____ ADHD _____ Other _____

4. Average Class Size:

Content _____ Language _____

B. Admission criteria including testing information:

C. Additional testing done annually:

I. Formal: Standardized Achievement

II. Informal: Pre and post for student programs

III. FACULTY

ACADEMY LEVEL

- a. Number of Language teachers (tutorials) _____
- b. Number of Language teachers (classrooms) _____
- c. Number of Content teachers _____
- d. Number of Teachers in training _____
- e. Academy level of primary trainers for staff development:

f. Faculty development:

1. Schedule

2. Instructional materials/books for OG training for faculty

IV. EXPANDED RESPONSES

A. Describe how the Orton-Gillingham philosophy is reflected in the overall mission of the school, clinic, or summer program.

B. Language remediation:

1. Teacher/student ratio _____

2. Frequency of sessions _____

3. Length of sessions _____

4. Additional information:

B. Describe how the content area instruction meets the needs of the dyslexic learner.

D. Describe how your library meets the needs of the dyslexic learner.

E. Describe how you address the strengths of the dyslexic student.

F. Describe the role of technology in your program.

HOW CAN WE HELP? WHAT ADDITIONAL INFORMATION DO YOU NEED FROM THE ACADEMY?

- Required Readings
- Code of Ethics

Please Submit to the AOGPE Office:

- **Application form via email or USPS**
- **\$75 Application fee. Check made out to: AOGPE and mailed to
PO Box 234, Amenia, NY 12501**