



Academy of  
Orton-Gillingham  
Practitioners  
and Educators

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## Request for Clinical Supervisor Status

### I. Name of Supervising Fellow

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

### II. Name of Applicant as Clinical Supervisor

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

### III. Academy Accreditation Information and Orton-Gillingham Experience

Date of Certification by the Academy \_\_\_\_\_

Orton-Gillingham Experience: Associate Level \_\_\_\_\_ Years.

Certified Level \_\_\_\_\_ Years.

How long have you worked with this candidate and in what capacity? \_\_\_\_\_

### IV. Please attach your candidate's resume, including a list of training, conferences and workshops he/she has attended post certification by the Academy.

#### Please Submit to the Academy Office:

- Request for Clinical Supervisor Status Form
- Applicant's Resume
- List of Applicant's Training, Conferences and Workshops