

**ONTARIO BRANCH OF THE INTERNATIONAL DYSLEXIA ASSOCIATION
TUTOR REFERRAL INFORMATION**

Date: _____

Name: _____ Phone: _____

Email: _____ Fax: _____

Address:

Street: _____

City: _____ Postal Code: _____

Location Preferences:

Tutoring Site (e.g. your home, student's home, your office) _____

Communities/Areas Served: _____

Ages/Grades Tutored: _____

College Level? Adults? _____

Subjects/Skill Areas Tutored:

___ Reading Comprehension	___ Decoding Skills	___ Spelling
___ Written Language	___ Handwriting	___ Content Subjects
___ Math	___ Study Skills	___ Social Skills
___ Organizational Skills	___ Other (list) _____	

Fee Schedule: Individual _____ per hour

Group Rates offered? _____

Do you offer a sliding or reduced fee? _____

Educational Credentials and Certifications: _____

Teaching and/or Tutoring Experience: _____

Professional Organizations and Affiliations: _____

List the multisensory workshops you have taken (include dates): _____

Other Pertinent Information: _____

Please return to: Ontario Branch of IDA
104 Loraview Lane,
Aurora, Ontario L4G 6N5