

**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:

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Teaching and/or Tutoring Experience: \_\_\_\_\_

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Professional Organizations and Affiliations: \_\_\_\_\_

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

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Other Pertinent Information: \_\_\_\_\_

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*Please return to:* Ontario Branch of IDA  
115 Hanna Road  
Toronto, Ontario  
M4G 3N5