

ONBIDA
59 Burnhamthorpe Crescent
Toronto, Ontario
M9A 1G6
416-716-9296
info@idaontario.com
www.idaontario.com

Request for Listing with the Ontario Branch of the International Dyslexia Association (ONBIDA)

International Dyslexia Association Disclaimer:

Listing with ONBIDA **requires** membership with the International Dyslexia Association (IDA) and annual renewals. All pages of this application must be submitted. The final decision regarding listing is at the sole discretion of ONBIDA. Should listing with ONBIDA be granted, ONBIDA is not responsible nor may not be held accountable for any pending outcomes.

Please note that ONBIDA supports efforts to provide individuals with dyslexia and their families with appropriate information regarding reading instruction and formal identification of individuals with reading difficulties. The Association; however, does not endorse any specific program, speaker, individual, product or instructional methods or materials, noting that there are a number of such which comprise of the critical components of instruction and identification as defined by IDA and reading research.

IDA Membership # _____

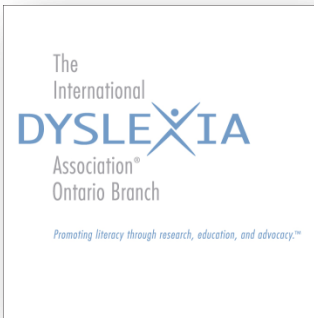
Check the category/categories under which you would like your information to be displayed

Intervention:

- Academic Tutor
 Speech-Language Pathologist Registration # _____
 Psychologist Registration # _____
 Other _____ (please specify)

Assessment:

- Psychologist



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Personal Information:

Dr. Mr. Mrs. Ms.

Name: _____

Home Address: _____

City _____ Province _____ Postal Code _____

Home Phone: _____ Cell Phone: _____ E-Mail _____

Educational Background (Attach additional sheet if necessary)

Institution	Program	Degree	Year
1)			
2)			
3)			
4)			

Current Professional Employment:

Name of Employer/Agency:

Professional Role/Title:

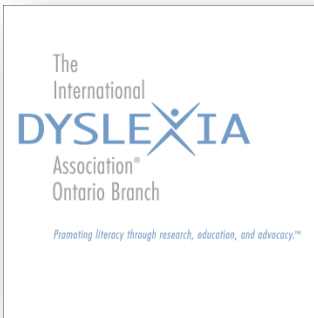
_____ Dates of Employment: _____

Office Address: _____

Office Phone: _____ Ext. _____ Cell Phone: _____

E-Mail: _____ Web Site Address: _____

Describe your current professional role:



Other Professional / Volunteer Experiences: Please describe

I am qualified to provide assistance in the following areas: Please check all that apply. Provide proof of certification along with this application.

Literacy Intervention

- Emergent Literacy
- Phonemic Awareness
- Decoding
- Spelling
- Vocabulary
- Fluency
- Reading Comprehension
- Written Expression

Assessment

- Psycho-educational Assessment

Counseling

- Social-Emotional
- Advocacy
- Other _____
- _____

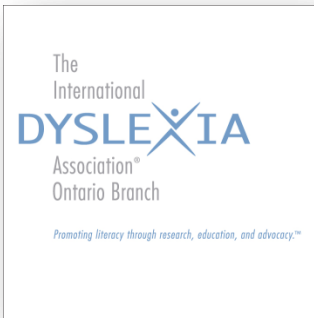
I work with the following age-ranges. Check all that apply:

- Below 2 years of age
- Preschool
- Elementary School
- High School
- Adults

I offer the above services in the following settings: (Check more than one if applicable)

- Private Clinic
- I will travel to client's home
- Other _____

I provide service in the following geographical areas (e.g., city, regions in larger areas or cities).



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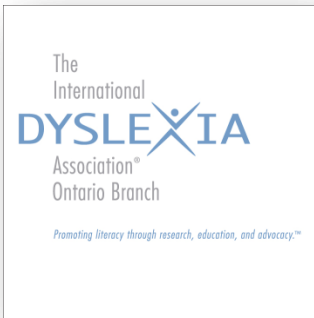
I have completed a program of professional training (and supervised practicum) in one of the following multisensory structured language approaches: (Include all that apply)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Alphabetic Phonics | <input type="checkbox"/> Language! | <input type="checkbox"/> Lindamood-Bell |
| <input type="checkbox"/> Orton-Gillingham | <input type="checkbox"/> Project Read | <input type="checkbox"/> The Slingerland Approach |
| <input type="checkbox"/> Wilson Reading Program | <input type="checkbox"/> Neuhaus | <input type="checkbox"/> SPIRE |
| <input type="checkbox"/> EMPOWER | <input type="checkbox"/> RAVE-O | <input type="checkbox"/> _____ |

For each program selected please list the name of the organization providing training, the number of hours completed, date of certification and when you completed a supervised practicum.

My Fee Range is: _____

Include a brief paragraph describing your approach to assessment and/or intervention of reading and writing difficulties.



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Please provide the names and contact information of 3 references (e.g., colleagues, past clients).

As part of your application remember to include a copy of your:

1. Current resume
2. Certification/License

Please read the following verification statement carefully:

- ✓ By submitting this application, I agree to accept ONBIDA's decision whether to approve listing.
- ✓ By my signature below, I certify and attest that all statements and representations I have made in this form are true and that I have the credentials, education, degrees, licenses and /or certifications that are legally or customarily required in my file to perform the services I have checked-off on this form. Further, I certify and attest that the credentials, education, degrees, licenses and/or certifications are current and have been issued by an institution or body accredited or empowered to do so.
- ✓ Additionally, I certify and attest that I have not been convicted of any felony or crimes involving professional malfeasance or abuse of any kind.
- ✓ I understand that I must maintain my membership in IDA to remain on the Information and Referral Database.

Signature: _____ Date: _____