

# International Dyslexia Association Washington State Branch

Referral listing is at the sole discretion of IDA. By submitting this application, I agree to accept IDA's determination. IDA memberships will be indicated in the directory.

1. Organization/Professional Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

2. Type of services offered:

A.  School  state licensed/Accredited facility, accreditation # \_\_\_\_\_

B.  Lawyer  Psychologist  Psychiatric  Social Worker  
 Learning Disabilities Diagnostician  Education Consultant  
 Other \_\_\_\_\_ License # (if applicable) \_\_\_\_\_

C.  Teacher Training /Center  Hospital /clinic  Learning Center  
 Other \_\_\_\_\_

D.  Learning/Remediation Specialist  Tutor of Academic Subjects  
 Speech Language Therapist  Other \_\_\_\_\_

3. Have you completed training in any one of the multi-sensory structured language approaches? If yes, list name of approach, date of training, and certificates held:

---

---

---

4. Please describe the areas in which you can provide assistance. (Attach additional sheet if necessary)

Clientele:

Children

0-5

K-6

7-12

College-aged

Adults

Remediation:

Reading

Writing

Math

Speech/Language

Counseling

Assessment:

Neuropsychological

LD

Add/ADHAD

Behavioral

Severe Disabilities

Nature of Services:

Academic Tutoring

Additional information:

---

---

---

5. Educational Background  
Institution Degree Year

---

---

---

Professional Experience  
Place of Employment Professional Role/Title Dates \_\_\_\_\_

---

---

---

7. Are you currently a member of IDA? \_\_\_\_\_

Please read the following verification statement carefully:  
By my signature below, I certify and attest that all statements and representation I have made in this form are true and that I have all credentials, education, degrees, licenses and/or certifications that are legally or customarily required in my field to perform the services I have indicated on this form. Further, I certify and attest that all of the credentials, education, degrees and 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 also acknowledge that disclaimer will accompany any information disseminated by The International Dyslexia Association that indicates that all service providers listed have signed this verification statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail to:  
The Washington Branch – International Dyslexia Association  
Attn: Information and Referral Committee  
PO Box 27435  
Seattle, WA 98165