The International DYSLEXIA Association®

Promoting literacy through research, education, and advocacy.™

Washington State Branch
Serving
Washington
Idaho
Western Montana

Request To Be Listed in Referral for Services Database

1. Personal Information:

Name: _____ Title: _____ *IDA Member #:_____

Street Address: _____

* IDA Membership is a requirement to be listed on the Referral List.

City: _____ State: ___ Zip: _____

Business Phone: _____ Cell/Home: _____

Email Address: _____ Website: _____

2. Professional Title / Role: (check all that apply)

- ☐ Educational Diagnostician
- ☐ Educational / Academic Therapist
- ☐ Tutor of Academic Subjects
- ☐ Lawyer
- ☐ Speech-Language Pathologist
- ☐ Social Worker

- ☐ Reading Specialist
- ☐ Dyslexia / LD Support
- ☐ Advocate, IEP & 504 Plans
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Other _____

3. Ages Served:

☐ Elementary   ☐ Middle School   ☐ High School   ☐ College Students / Adults

4. Areas of Competence:
Check areas in which you can provide assistance to individuals with dyslexia.

☐ Educational / Academic Therapy	☐ ADD/ADHD Coaching	☐ Post-Secondary Planning / Transition
☐ Reading	☐ Advocacy	☐ Assistive Technology
☐ Writing	☐ Reading	☐ College Preparation
☐ Organizational & Study Skills	Content Areas: ☐ Math ☐ English ☐ Science	☐ SAT / ACT / Grad. / Prof. Exam preparation
Other: _____	Other: _____	Other: _____

5. <u>Teaching Methods, Programs, & Techniques</u>:

Research has shown that individuals who have dyslexia or specific learning disabilities (SLD) benefit most from instruction that is multi-sensory, explicit, direct, cumulative and focused on the structure of language. It is IDA's goal that professional practitioners have specific preparation in the prevention and remediation of language-based reading and writing difficulties.

Please list any programs or teaching methodologies you utilize in your work. A few approaches are listed below; however, there are many valuable research-based methods available.

Although IDA does not endorse any specific approach, it has published a Matrix of Multisensory Structured Language Programs: www.interdys.org/ewebeditpro5/upload/MSL2007finalR1.pdf. Multisensory Structured Language: www.interdys.org/ewebeditpro5/upload/MSLTeaching.pdf

☐ Orton-Gillingham	☐ The Spalding Method®	☐ The Herman Method ™
☐ Language!™	☐ Wilson Reading System®	☐ Lindamood-Bell® Method
☐ Alphabet Phonics	☐ The Slingerland® Approach	☐ Sonday® System
☐ Wired for Reading ™	☐ Linguistic Remedies ᔆᴹ	☐ Other _____
☐ Other _____	☐ Other _____	☐ Other _____

6. <u>Educational Background</u>:

Institution: Degree: Year Awarded:

_____   _____   _____

_____   _____   _____

7. <u>Professional Experience</u>:

Place of Employment: Professional Role / Title: Dates of
                                                                                             Employment:

_____   _____   _____

_____   _____   _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

By my signature below, I certify and attest that all the statements and representations I have made in this form are true. Additionally, I certify and attest that I have not been convicted of any felony or crimes involving professional malfeasance, abuse of any kind, or crimes against persons. I have passed the Washington State background check and can provide evidence of this, should I be asked. I also acknowledge that a disclaimer will accompany any information disseminated by WABIDA which indicates that all service providers listed in the database have signed this verification statement. I understand that listing in the WABIDA database requires membership in IDA and is at the COMPLETE AND SOLE DISCRETION of WABIDA. By submitting this application, I agree to accept WABIDA's determination regarding this request to be listed.

Signature: _____   Date: _____