**Washington State Branch**

Serving

Washington

Idaho

Western Montana



***Request To Be Listed in Referral for Services Database***

**1. Personal Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_ \*IDA Member #:\_\_\_\_\_\_\_\_

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

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

□ Educational Diagnostician □ Reading Specialist

□ Educational / Academic Therapist □ Dyslexia / LD Support

□ Tutor of Academic Subjects □ Advocate, IEP & 504 Plans

□ Lawyer □ Psychologist

□ Speech-Language Pathologist □ Psychiatrist

□ Social Worker □ 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. Teaching Methods, Programs, & Techniques:**

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](http://www.interdys.org/ewebeditpro5/upload/MSL2007finalR1.pdf).

Multisensory Structured Language: [www.interdys.org/ewebeditpro5/upload/MSLTeaching.pdf](http://www.interdys.org/ewebeditpro5/upload/MSLTeaching.pdf)

|  |  |  |
| --- | --- | --- |
| □ Orton-Gillingham | □ The Spalding Method® | □ The Herman Method TM |
| □ Language!TM | □ Wilson Reading System® | □ Lindamood-Bell® Method |
| □ Alphabet Phonics | □ The Slingerland® Approach | □ Sonday® System |
| □ Wired for Reading TM | □ Linguistic Remedies SM | □ Other \_\_\_\_\_\_\_\_\_\_\_\_ |
| □ Other \_\_\_\_\_\_\_\_\_\_\_\_ | □ Other \_\_\_\_\_\_\_\_\_\_\_\_ | □ Other \_\_\_\_\_\_\_\_\_\_\_\_ |

**6. Educational Background:**

Institution: Degree: Year Awarded:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**7. Professional Experience:**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_