



Request To Be Listed in Referral for Services Database

As a local branch of the International Dyslexia Association (IDA), WABIDA is committed to helping ensure families are able to connect with referrals and resources that have been identified in knowledge and training as falling within the evidence-based best practices of multi-sensory literacy instruction.

1. Personal Information:

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

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell/Home: _____

Email Address: _____ Website: _____

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

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

- | | |
|---|--|
| <input type="checkbox"/> Educational Diagnostician | <input type="checkbox"/> Reading Specialist |
| <input type="checkbox"/> Educational / Academic Therapist | <input type="checkbox"/> Dyslexia / LD Support |
| <input type="checkbox"/> Tutor of Academic Subjects | <input type="checkbox"/> Advocate, IEP & 504 Plans |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other _____ |

3. Ages Served:

- Elementary Middle School High School College Students / Adults

4. Areas of Competence:

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

Please state the training and certification you have that make you competent in these areas:

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.

View a list of teacher training programs accredited by IDA [here](#).
Read more about Multisensory Structured Language Teaching [here](#).

Please list any programs or teaching methodologies you utilize in your work:

<input type="checkbox"/> Orton-Gillingham	<input type="checkbox"/> The Spalding Method®	<input type="checkbox"/> The Herman Method™
<input type="checkbox"/> Language!™	<input type="checkbox"/> Wilson Reading System®	<input type="checkbox"/> Lindamood-Bell® Method
<input type="checkbox"/> Alphabet Phonics	<input type="checkbox"/> The Slingerland® Approach	<input type="checkbox"/> Sonday® System
<input type="checkbox"/> Wired for Reading™	<input type="checkbox"/> Linguistic Remedies SM	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Practicum Location and Experience:

For each of the approaches you indicated above, please list your practicum and experience in implementation:

Location:	Role / Title:	Dates of Practicum:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____