

	Children's Dyslexia Centers	, Inc. Continuin	g Education Form		
Rev. Date 2/8/2023 Policy # 5 General		al Clinical	Owner: Clinic	Owner: Clinical	
For Office Use Reviewed and approved by:			Date:		
	DCS updated:				
Instructions: P	lease type or print and use as many pages	as necessary to a	l ccurately report your (CF activities	
	Required fields.	as necessary to a	ccurately report your c	se delivities.	
Name:* Sam		Email:* en	Email:* email@		
Address:* Curr		Phone: Pro	Phone: Preferred #		
City:* City		State:* Sta	State:* State Zip Code:* Zip Code		
Training Center	:* Center you received your Initial Traini	ng (example: Na:	shua, NH)		
Date	Title of CEU Activity		Sponsoring Organia	zation # Hours	
4/25+26/2018	28 th Annual ALTA National Conference		ALTA	11.5	
11/12-15/2018	65 th Annual IDA National Conference		IDA	24	
4/30/2019	The Language of Cursive Writing – Dr. Elaine Holden		CDC, Inc.	2	
June 2019	Book: Reading Assessment: Linking Language, Literacy, & Cognition		Approved Book	10	
7/15/2021	Journal: The Influence of language knowledge and test		Approved Journal – A	Annals 1	
	Components on reading comprehension		of Dyslexia, V.71 No.2	2	
8/20/2021	DVD – The Bigi Picture: Rethinking Dyslexia		CDC-approved DVD	1	
Fall 2021	1 Graduate Course: Language and Reading Development		Rivier University, Nas	shua, NH 20	
	3 credits				
		3 /2			
19					
			Total hours this		
	Total # of pages:1	·	Total hours all	pages: 69.5	
I verify that the	activities listed above follow the CDC Con	tinuing Education	Policy and were comp	oleted by me.	
Signature:* Sa	ample	Date:* Date			