

## Become a Certified Dyslexia Practitioner – Level 1

If you...

- want to help struggling readers succeed
  - know someone impacted by dyslexia
    - are curious about the science of reading
      - have a bachelor's degree
        - are – or aren't! – an educator

...then this training is for you!



Each year, the Children's Dyslexia Center of Springfield offers intensive training in Multisensory Structured Language Education, also referred to as Orton-Gillingham. In this course, which results in certification through IMSLEC as a Level 1 Dyslexia Practitioner, you will gain in-depth theoretical and practical knowledge about how students learn to read and how to help them when they struggle. This training is FREE! Participants only pay for their textbooks and materials (about \$250); there is also an option to earn 8 graduate credits through the University of St. Francis (\$150 per credit hour). Upon certification, trainees are eligible to apply for a paid tutor position at the Center.

"As a trainee, I have found it to be, hands down, the best educational experience of my adult life. Instruction along with support, observation and critique is everything you could ask for. I am almost half-way through the year and it is wonderful to witness so much student growth."

– 2020 trainee

- The training cycle begins in mid-June and continues for one year.
- Course requirements include:
  - 60 seminar hours (6 weekdays in June/July, 4 Saturdays in the fall)
  - 100 supervised practicum hours (2.5 hours after school on M/W or T/Th at the Center, September through May)
- Limited spots available! Call, email, or go to our website for more info and application.
- Applications will be accepted until class is full.

# Children's Dyslexia Center of Springfield Practitioner-I Training 2023-2024

June 2023						
S	M	T	W	T	F	S
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July 2023						
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30	31					

August 2023						
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27	28	29	30	31		

September 2023						
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October 2023						
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29	30	31				

November 2023						
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December 2023						
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31						

January 2024						
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February 2024						
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March 2024						
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31						

April 2024						
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28	29	30				

May 2024						
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26	27	28	29	30	31	

Key	
	Center Open
	Center Closed
	Training Day

**Seminar Training Dates**

June 15	Seminar #1
June 20	Seminar #2
June 22	Seminar #3
June 26	Seminar #4
July 5	Seminar #5
July 10	Seminar #6
Sept 9	Seminar #7
Oct 14	Seminar #8
Nov 11	Seminar #9
Dec 9	Seminar #10

**Mentoring Sessions**  
June 26 – July 26  
(9 sessions during tutoring hours)

**100-Hour Practicum**  
Practicum begins Sept. 11 and continues through May 9, or until requirements for certification are met.

**\*Calendar not final – all dates subject to change.**



# Children's Dyslexia Center of Springfield

1020 Rickard Road | Springfield, IL 62704

(217) 793 – 7735

springfield@cdcinc.org

## *Practitioner-1 Course Program Requirements*

### Application Requirements

- In-person **observation** of a lesson and **interview** with the Center Director.
- Completed **application**.
- Supplemental documentation: **Transcript** showing proof of Bachelor's or Master's Degree (diploma not accepted), two **letters of recommendation** (less than two years old), and current **resume**.
- **Background clearance** (performed by the Center).

### Certification Requirements

- 90 Course Hours: 60 hours lecture and discussion, 5 hours observation of experienced tutors, 20 hours 1:1 mentoring, 3 hours feedback from formal observations, and 2 hours narrative progress summary writing (24 lecture hours occur before working with students).
- 100 hour (minimum) supervised practicum working with 2 students simultaneously
- 6 formal observations with feedback
- Required readings, assignments, quizzes and final exam

### Attendance & Participation Requirements

- 10 Seminars: June-July (6), Sept. (1), Oct. (1), Nov. (1), Dec. (1) All training days are from 9am-4pm. June and July seminars are on weekdays and the remaining seminars are on Saturdays. Attendance at every seminar is required as there are no make-up days.
- Mentoring with an experienced tutor takes place during summer session for 5 weeks. You will work with one student twice a week, alongside a paid tutor.
- 100 hour practicum with your own new students. You will work with two students, twice a week each on a M/W or T/Th schedule. You will be at the Center on your two nights for a minimum of 2.5 hours giving your prepared lesson plans to your students.
- Written lesson plans for every tutoring session are created outside of tutoring time.

### Fees

- Cost of books/training supplies is approximately \$250, to be paid prior to first lecture.



Clinical/Associate Clinical Director Use: APPROVED:		DATE:
Director of Operations Use: APPROVED:		DATE:

<b>Children’s Dyslexia Centers, Inc. MSLE Practitioner-1 Course Application</b>			
Rev.Date: 4/1/2022		Policy #5 General Clinical	
Owner: Clinical			
Instructions: Please complete the following and attach copies of all required documents.			
<b>CENTER:</b>		<b>ANTICIPATED COURSE START DATE:</b>	
<b>OFFSITE PRACTICUM</b> <input type="checkbox"/>			
Name:			
Home Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	Business/Work:
Email:			
<b>Academic History (Begin with highest degree)</b>			
<b>Degree</b>	<b>Institution</b>	<b>Completion Date</b>	<b>Major</b>
Other Credits:			
Please submit a description of your multisensory training, which includes the principal instructor, institution, address, dates, total hours, coursework hours, practicum hours and ages taught. Submit a copy of certificates or other proof of completion.			
Have you applied for or completed Practitioner-1 Training at any Children’s Dyslexia Center?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give Center Location and explain why you didn’t finish the course.</i>			

Prior addresses, if any, for the last 5 years and length of time at each address:	
Have you worked as an adult with children and/or youth groups? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please list and describe:	
Occupation:	
Name and address of current employer:	
Length of employment:	
If employed less than 5 years, list previous employers, address and lengths of service with each:	
List three people who have known you for at least the last five years who we may contact if more information is needed about you:	
Name:	Relationship:
Address:	
Phone:	Email:
Name:	Relationship:
Address:	
Phone:	Email:
Name:	Relationship:
Address:	
Phone:	Email:

## Background Screening Profile

Have you ever been convicted of any felony or misdemeanor offenses for any of the following?

The possession, use or transfer of alcohol  Yes  No

The possession, use or transfer of illegal drugs  Yes  No

Crimes in which the victim or accomplice was a minor  Yes  No

Activities in which you physically or sexually abused anyone, male or female, or condoned such abuse by others  Yes  No

Activities in which you were involved in the creation, possession, use or transfer of pornographic materials  Yes  No

Any other offense not mentioned above  Yes  No

If "Yes" to any of the above, list and explain all such felony and misdemeanor convictions:

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Has any adverse action been taken by any organizations, schools, churches or day care centers against you while you were an employee or volunteer for such organization or entity?

Yes  No      If "Yes," list and explain:

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To the best of your knowledge and belief are there any facts or circumstances involving you or in your background that would call into question being entrusted with the supervision, guidance, and care of young people?

Yes  No      If "Yes", list and explain:

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**Applicant’s Certification and Statement**

I certify that the information given herein is true and complete to the best of my knowledge.

I certify that all information given herein, including information regarding my current and prior employment listed above, as may be necessary to arrive at a course acceptance decision is true, accurate and complete. I understand that this Application is not, and is not intended to be, an application or a contract of employment and that any future employment is strictly “at will.”

I hereby release any party giving information provided by me in this Application, as well as any party providing information about my background, from any and all claims and damages in connection with the investigation or verification of such information. In the event of future employment, I understand that false or misleading information given in this Application may result in my discharge.

I understand that parents/legal guardians of children currently enrolled at a Center may not participate in the training program until their children have completed the program.

It is the policy of the CDC to safeguard the privacy and security of the confidential information of its employees, children, and others. I understand that I may not discuss employees, children, trainees, or other staff. If I have any concerns, I will discuss those with the Center Director in private.

I understand I must demonstrate mastery of the content and practical application of skills throughout the training course. The Center Director’s syllabus and course outline will provide details of the standards for mastery/success throughout the training course. If I do not demonstrate the expected level of mastery, I understand I will be discontinued from the program.

I understand the Children’s Dyslexia Center’s materials are proprietary. My use of the Children’s Dyslexia Center’s materials is restricted to my personal use with students. I will not copy or disseminate any of the materials for colleagues or for use in training others.

\_\_\_\_\_ *Applicant’s Signature*

\_\_\_\_\_ *Date*

**List of Attachments:**

- Copy of diploma or transcript showing your Bachelor’s or Master’s Degree with date awarded
- Two letters of recommendation dated within the last two years
- Current resume
- List of relevant conferences, workshops and courses attended and/or presentations given

*For Office Use:* Center Director verifies documents were received, places them in applicant’s file at Center, and signs below. Then submit application, proof of degree, and background clearances to HQAdmin@cdcinc.org for approval.

\_\_\_\_\_ *Center Director*

\_\_\_\_\_ *Date*