

Request to be Listed in the International Dyslexia Association, Northern Ohio (NOBIDA) "Directory of Providers for Educational Services"

Name: _____

Title / Position: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day(____)____-____ Evening(____)____-____ Cell(____)____-____

Email Address: _____

Educational Training: (____ See resume.)

College / University	Year	Location	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Areas of Licensure / Certification: (____ See resume.)

Professional Organizations: (____ See resume.)

**Have you completed training in any one of the structured language approaches?
 Please attach certificates.**

- | | |
|--|---|
| ____ ABC's of O-G (Flynn) | ____ Alphabetic Phonetic Structural Linguistics |
| ____ The Slingerland Approach | ____ Language! |
| ____ Alphabetical Phonics | ____ Soday System |
| ____ Lindamood-Bell Method | ____ The Spaulding Method |
| ____ Orton-Gillingham Approach | ____ Wilson Reading System |
| ____ Project Read / Language Circle | ____ Other |
| (____ phonology, ____ comprehension,
____ written expression) | |

Date(s) training completed _____

Where and under whom did you receive this training? _____

Name of Affiliation / Your Position: (____ See resume.)

College / University: _____

School: _____

Learning Center: _____

Hospital: _____

Private Practice: _____

Other: _____

Types of Services Offered (check more than one, if applicable):

____ Dyslexia / LD Specialist

____ Psychologist

____ Educational Therapist

____ Advocate / Parent Mentor

____ Reading Specialist

____ Legal Consultant

____ Speech-Language Pathologist

I am qualified to provide therapy/intervention in the following areas (Please circle grade levels in which you specialize)

- | | | | | | |
|---|-----|-----|-----|------|-------|
| ____ Reading-Decoding | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Spelling | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Reading Comprehension | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Written Expression | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Handwriting | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Mathematics | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Study / Organizational Skills | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Foreign Language | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Assistive Technology | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Proficiency/Ohio Graduation Test (OGT) Preparation | | | | | |
| ____ SAT/ACT | | | | | |
| ____ Preschool Intervention | | | | | |

I am qualified to provide evaluations/make diagnoses in the following areas (Please circle grade levels in which you specialize):

- | | | | | | |
|--------------------------------------|-----|-----|-----|------|-------|
| ____ Intelligence | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Behavior | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Reading | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Spelling | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Reading Comprehension | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Written Language | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Math | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Handwriting | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Speech-Language | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Achievement | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Visual-Perceptual/Spatial/Motor | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Memory/Retrieval | K-2 | 3-5 | 6-8 | 9-12 | Adult |
| ____ Other (describe)_____ | K-2 | 3-5 | 6-8 | 9-12 | Adult |

Professional experience (____ See resume.)

Place of Employment	Professional Role/Title	Dates of Employment
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List any professional presentations or publications. (____ See resume.)

If possible, please provide the name and phone numbers of two references that are NOBIDA members who know your work:

Please attach the following, if available:

- **Resume**
- **Documentation of certification / licensure**
- **Sample MSL lesson plan, if applicable**
- **Sample educational assessment, if applicable**

VERIFICATION/MEDIA STATEMENT

By my signature below, I certify and attest that all statements and representations I have made on this form are true, and that I have all credentials, education, degrees, licenses and/or certifications that are legally and/or customarily required in my field to perform the services I have submitted. Further, I certify and attest that the credentials, education, degrees, licenses and/or certifications are current and have been issued by an institution or body accredited or empowered to do so. Additionally, I certify and attest that I have not been convicted of any felony or crimes involving professional malfeasance or abuse of any kind. I also acknowledge that a disclaimer will accompany any information disseminated by The International Dyslexia Association, Northern Ohio Branch (NOBIDA) which indicates that all service providers listed in the directory have signed this verification statement.

I understand that listing in the NOBIDA Directory requires membership in The International Dyslexia Association (IDA) and is at the complete and sole discretion of the NOBIDA. By submitting this application, I agree to accept NOBIDA's determination regarding this request to be listed.

I/organization/agency _____ authorize the NOBIDA and/or their authorized agents to release publicly my name/organization/agency as published in the Directory of Providers for Educational Services, including publication on the NOBIDA website. I authorize release of the attached information for purposes stated.

Date: _____

Signature: _____

**Mail your application and supporting information to:
NOBIDA, P.O. Box 172, Richfield OH 44286
nobidainfo@gmail.com or fax to (216) 556-0883**