



Kildonan Teacher Training Institute Orton-Gillingham Trainings

Application/Registration Agreement

Choose the level training you wish to take:

Classroom Educator Associate Certified I Certified II

(Certified coursework may be taken in any order)

Dates and location of the training you wish to take:

Tuition due: _____ **Deposit (1/2 tuition) due:** _____

Name: _____

Address: _____

Telephone - Home: _____ Cell: _____

E-mail (please print carefully): _____

How did you hear about us? Website OGA Facebook Email Other: _____

College(s) and highest degree(s) earned with date: _____

Current teaching/work assignment:

Previous teaching experience (summarize briefly and include length of experience):

Previous Orton-Gillingham or related (e.g. Wilson, Project Read) experience; include length of experience:

Reasons for taking the training:

Interesting Talents/Hobbies/Passions (optional):

Are you currently a Subscriber level member of the Orton-Gillingham Academy?:
_____ YES _____ NO

Please sign the agreement below.

In the event that I need to withdraw from the training within three weeks of the beginning of the course, I am aware that the course registration fee may be nonrefundable.

I understand that the Associate /Certified practicum begins after the coursework is completed and that the practicum is an additional fee of \$2500.00 payable over 10 installments of \$250 per observation and \$1250 payable over 5 observation installments for Classroom Educator. In some cases, additional observations and accompanying fees are required to meet certification requirements.

Signature _____ Date _____

Mail completed form and deposit fee (1/2 tuition) (made payable to Kildonan Teacher Training Institute) to:

Kildonan Teacher Training Institute
Kathleen Stewart, F/AOGPE, Director
476 Skiff Mountain Road, Kent, CT 06757
For more information call: 845-373-2028