

The Blosser Center for Dyslexia Resources
Orton-Gillingham Training

2011 Application

The Blosser Center requires that trainees enroll in both the Basic and Intermediate Courses in the same school year. After successful completion of the Basic and Intermediate Classes and the Basic internship, the student will be invited to enroll for the Intermediate Internship. In each internship the trainee tutors two children.

In order to complete the scope and sequence of instruction, the complete internship takes one academic year plus four weeks in summer school OR two academic years.

Basic Class – Six days, June 20– 25 (9 am – 3 pm)

_____ Basic Course: (Summer intensive, includes \$100 book and material fee).	\$1000
_____ Portland State University Credit (2 Units) (\$55/unit)	\$110*

**Intermediate class and Basic Internship I –
Six Saturdays during the School Year (9am – 3pm)**

_____ Intermediate: Course & Internship I (includes \$100 book and material fee).	\$1150
_____ Portland State University Credit (2 units class + 3 units internship)	\$275*
_____ Background Check (required of all new interns)	\$15**

Intermediate Internship II

_____ Internship II (either at The Blosser Center’s summer school or for a second school year).	\$650
_____ Portland State University Credit (3 units)	\$165*

*PSU fees may increase.

**** The Blosser Center, like other organizations that work with children, requires that all trainees pass a Federal and Oregon State Background Check before working with students in the internship.**

To apply, please make your course selection and enclose a \$100 deposit.

Make checks payable and mail to: The Blosser Center for Dyslexia Resources
6327-C SW Capitol Hwy. PMB 159
Portland, OR 97239

All fees are due before the start of each course. A payment plan is available.
Please let us know if another agency is paying for your training.

**The Blosser Center for Dyslexia Resources admits students regardless of race, religion or ethnic origin.
The Blosser Center is a non-profit 501 (c) (3) tax exempt organization.**

Internal use only

- Date Application Received
- Check number



LETTER OF SUPPORT

We appreciate you taking the time to fill this out. Please return to:

The Blosser Center for Dyslexia Resources
6327-C SW Capitol Hwy. PMB 159
Portland, OR 97239

Name: _____

Address: _____

Title: _____

Relationship to Applicant:

- Employer
- Colleague
- Friend
- Other _____

PART I

Name of

Applicant: _____

Address of

Applicant: _____

PART II

My professional relationship to this

applicant: _____

The Blosser Center for Dyslexia Resources appreciates your professional judgment regarding the qualifications of this candidate.

Attribute	Excellent	Above Average	Average	Below Average	Unable to Rate
Teaching Skill					
Academic Ability					
Time Management					
Judgment					
Communication:					
Oral					
Written					
Ability to Work With:					
Students					
Colleagues					

Please add any information you feel would be helpful in considering this applicant:

Please check one:

- I strongly recommend this applicant
- I recommend this applicant
- I cannot recommend this applicant

Signature_____Date_____

(2/10)