

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 other than the cost of textbooks and materials (about \$250). You can earn Illinois clock hours for FREE, and/or 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.

Recent trainees say....

"...hands down, the best educational experience of my adult life."

"Having a bachelors in special education and a masters in reading, I learned more from the Center than any other class taken during my schooling."

"I have a better understanding of how the brain learns to read, which activities make the biggest impact on reading achievement and which ones have limited impact or none at all."

"This program and the Center have been a game-changer for my students."

- 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! Visit our website or email us for more info and an application.
- Applications accepted until class is full.

Children's Dyslexia Center of Springfield Practitioner-I Training 2024-2025

June 2024						
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July 2024						
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August 2024						
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September 2024						
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29	30					

October 2024						
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November 2024						
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December 2024						
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January 2025						
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February 2025						
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March 2025						
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30	31					

April 2025						
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May 2025						
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25	26	27	28	29	30	31

Key

- Center Open
- Center Closed
- Training Day

Seminar Training Dates

- June 18 Seminar #1
- June 20 Seminar #2
- June 24 Seminar #3
- June 26 Seminar #4
- July 1 Seminar #5
- July 17 Seminar #6
- Sept 7 Seminar #7
- Oct 12 Seminar #8
- Nov 9 Seminar #9
- Dec 7 Seminar #10
- TBD Final exam

Mentoring Sessions

July 1 – July 30
(8 sessions, M/W or T/Th, during tutoring hours)

100-Hour Practicum

September 4 - May 15
(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).

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, July 1-July 30**. You will work with one student twice a week at the Center, 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 **during the school year**. 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.

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

Fees

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



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

Children’s Dyslexia Centers, Inc. MSLE Practitioner-1 Course Application			
Rev.Date: 4/1/2022		Policy #5 General Clinical	
Owner: Clinical			
Instructions: Please complete the following and attach copies of all required documents.			
CENTER: Springfield 093		ANTICIPATED COURSE START DATE: June 2024	
OFFSITE PRACTICUM <input type="checkbox"/>			
Name:			
Home Address:			
City:		State:	Zip:
Home Phone:	Cell Phone:	Business/Work:	
Email:			
Academic History (Begin with highest degree)			
Degree	Institution	Completion Date	Major
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:

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:

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:

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*