



Academy of
Orton-Gillingham
Practitioners
and Educators

2018 Orton-Gillingham Approach Teacher/Tutor Training Courses

Registration Agreement

(Classes fill on a first come first serve basis)

- Associate Part 2: 3-Day Course** *(For those who have taken the 6-day Classroom Educator Course and want to complete the Associate level course requirements & for those who want to learn the content being presented - \$350 October 20, 21 and November 10th (8:30 am - 4:45 pm))*

Name: _____

Address: _____

Telephone: Cell: _____

Home E-mail (please print clearly): _____

How did you hear about these courses? _____

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

2017-18 school name and teaching assignment, or current employment: _____

Previous Orton-Gillingham or related (e.g. Wilson, Project Read, OGI) experience: _____

After completing this training, do you plan to participate in a practicum experience?
_____YES _____NO

Are you interested in UCB Continuing Education College credit?
_____YES _____NO

Please send full payment for the Associate Level B course (\$300) with your registration form. Upon receipt of your registration, additional information regarding the course will be sent to you. The courses fill on a first come, first serve basis.

Please sign the agreement below

Having read this registration form, I understand that in the event that I need to withdraw from the training within 2 weeks of the course’s beginning date, I am aware that \$100 will be nonrefundable, which covers the application processing fee, any materials provided before the course, and the cost of materials printed for the course.

Since I am taking this training course, which I may use for teaching/tutoring, I affirm that I have -

- ◆ never had any licensing board nor professional ethics body require me to surrender my license, nor have I been found guilty of a violation of ethics codes, professional misconduct, unprofessional misconduct, incompetence nor negligence in any state or country
- ◆ never engaged in any sexual misconduct with any current or former client/student
- ◆ never engaged in any sexual misconduct with any current or former client’s/student’s spouse, nor any person with a direct relationship to a client/student or former client/student (for example a guardian, blood relative of the client/student, or spouse, or any person sharing the client’s/student’s domicile).

Signature _____ Date _____

Mail completed 2-page registration form and check (payable to Karen Leopold) to:

Karen Leopold, 740 Yale Road, Boulder, CO 80305
For more information call: 720-263-2260