

## Application for Authorized Reading Specialist Trained in Dyslexia Waiver Based On Previous Training and Work Experience

**Directions:** Please send completed applications and supporting documents to [jrisch1@doe.in.gov](mailto:jrisch1@doe.in.gov). Applications will be review and decisions returned within 40 business of receiving the documents.

### Contact Information

Name of applicant: \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

School Corporation, charter school, educational co-op, or service provider for whom you are employed: \_\_\_\_\_  
\_\_\_\_\_

Current job title: \_\_\_\_\_

### Training Information

Group who provided your initial training: \_\_\_\_\_  
\_\_\_\_\_

Date of initial systematic, explicit, multi-sensory dyslexia training: (month/year) \_\_\_\_\_  
*(Note: this approval form is for those who received training outside the 6/2010-11/2018 approval window and does NOT include those who are currently enrolled in or scheduled to attend an upcoming IDOE approved dyslexia training program)*

Total length of training (in hours including practicum) \_\_\_\_\_

Is the training group an IDOE approved training group for SEA 217? Yes / No  
(Please see the list of approved training programs on the [IDOE dyslexia website](#))

Are you seeking approval of your prior experience to serve as the school corporation or charter school's "authorized reading specialist trained in dyslexia?" Yes / No

Do you currently provide systematic, explicit, multi-sensory instruction to student?  
Yes / No

## Work Experience

How long have you provided this type of instruction? \_\_\_\_\_

List the grade(s) to whom you provided this instruction: \_\_\_\_\_

Provide descriptions and examples of your work providing systematic explicit multi-sensory instruction.

*(500 word max in attached word document or resume)*

X \_\_\_\_\_

Signature of Superintendent or designated person verifying the attached information is true.