

Scottish Rite Learning Center of South Texas, Inc.
Application for Dyslexia Therapist Training

Personal Information:

Name: _____	
Address: _____	
City, State & Zip: _____	
Home Phone: (____) _____	Work Phone: (____) _____
Fax: (____) _____	Email Address: _____
Date of Birth: _____	Social Security Number: _____

Current Professional Position:

Title: _____	Grade Level: _____
School: _____	
School District: _____	
Administrator: _____	
Association: _____	
Phone Number: (____) _____	
Is your administrator aware of your application: YES____ NO____	

Education Background (List most recent first and enclose all transcripts)

	Degree	School	Years Attended
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Teaching Experience (List more recent experience first)

1. _____
2. _____
3. _____

Professional Certifications/Affiliations

1. _____
2. _____
3. _____

Professional References (Include 2 professional letters of recommendation)

Name	Address	Phone	Association

Please briefly answer the following questions: (Attach additional pages if necessary)

1. **Why are you interested in applying for this training?**

2. **To date, what experience have you had with dyslexia (education, professional or personal)? Please describe.**

3. **How do you intend to utilize the skills of a Dyslexia Therapist in your district?**