



Learning Centre  
for Niagara

The Scottish Rite Charitable Foundation  
Learning Centre for Niagara  
*"helping children with dyslexia to read"*

# Tutor Application Form

## **Applicant Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_

## **Academic History—please begin with highest degree earned**

Degree: \_\_\_\_\_ Institution: \_\_\_\_\_ Date: \_\_\_\_\_ Major: \_\_\_\_\_

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Degree: \_\_\_\_\_ Institution: \_\_\_\_\_ Date: \_\_\_\_\_ Major: \_\_\_\_\_

**Other credits and certifications:** \_\_\_\_\_

\_\_\_\_\_

## **Orton-Gillingham Training**

Principal trainer: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ PC/Zip: \_\_\_\_\_

Date training begun: \_\_\_\_\_ Date training completed: \_\_\_\_\_

Total number of course hours: \_\_\_\_\_ Practicum hours: \_\_\_\_\_

Age of students tutored in Practicum: \_\_\_\_\_

Orton-Gillingham experience after training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach your resume, including a list of professional societies to which you belong or belonged and two letters of recommendation from persons knowledgeable about your professional work and submit to the Learning Centre Director at:

**learningcentreniagara@outlook.com**