The Scottish Rite Charitable Foundation
Learning Centre for Hamilton
"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: _____

Degree: _____ Institution: _____ Date: _____ Major: _____

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 Leaning Centre Director at:

office@dyslexiacentrehamilton.com