

15-18

Certified Tutor Application

Fill out this form to apply for certified tutoring positions at Uniquely Wired Consultants LLC. Please email completed form back to angie@uniquelywiredllc.com

Tutor Information

First and last name (legal)						
Phone number						
Mailing address						
Date of birth						
Email address						
Qualifications						
Do you hold a current teaching license?						
If you hold a current teaching license, in what areas are you licensed to teach?						
What ages do you have experience teaching? Circle all that apply.						
- 0-5						
- 6-9 - 10-14						



How many years have you been in education?
What previous jobs have you held that are related to teaching struggling readers?
What is your current primary employment (retired, 3rd grade at RPS-Truman Elementary)?
What degrees do you hold (or are working toward)? Please include the university(ies) you have attended.
What experience do you have in teaching reading to struggling students?
Additional Training
What additional training have you completed/attended that qualifies you to be an excellent reading tutor? (Orton Gillingham, Barton Reading, etc.) Please describe.

Are you eager to be trained in and utilize Orton Gillingham programs such as Barton Reading, Foundation in Sounds, LiPS, Heggerty, etc.? And, are you able and willing to



devote tin	ne to watch	training video	os or atten	d in-person	training of	dates? I	Please	circle
one.								

me.	
-	Yes
-	No
-	Maybe
	References
	e list name, occupation, and phone number/email address for anyone who would you for tutoring services.
1.	
2.	
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3. —	
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	Criminal History
Ha	ave you ever been convicted of a felony?
Ar	e you willing to participate in a criminal background check with the Missouri State Highway Patrol?



Have you ever been terminated from a job for misconduct?