Everyone Reading Illinois

SUCCESS FOR ALL WITH DYSLEXIA

Diagnostician Referral Application

Everyone Reading Illinois is committed to connecting individuals in need with professionals with expertise in standardized testing. Our diagnostician referrals uphold the professionalism and high standards of diagnostic practice recognized in the field.

APPLICANT INFORMATION				
Last Name:	First:		M.I.:	Date:
Position:				
Home Street Address:			Apartment/Unit #	
Home City:	Home State:		Home Zip:	
Home Phone:	Preferred Contact Phone:		Work ☐ Cell ☐ Home ☐	
Employer:	Supervisor Name:			
Employer's Street Address:				
Employer's City:	Employer's City:		Employer's Zip:	
Employer's Phone:	Employer's Fax:			
Practice Street Address:				
Practice City:	Practice State:		Practice Zip:	
Practice Phone:	Practice Fax:			
Preferred E-Mail Address:				
Are you a member of Everyone Reading Illinois? YES NO				
If approved, may we list your email address as a point of contact? (along with preferred contact phone number) YES ☐ NO ☐				
Member Affiliation: ACA ☐ AERA ☐ APA ☐ ASHA ☐ IDA ☐ CEC ☐ ISPA ☐ NASP ☐ OTHER ☐ _____				
Grade Levels: Elementary ☐ Jr. High ☐ High School ☐ Adult ☐				
Assessments Preformed In: Office: Yes ☐ No ☐ Child's Home: Yes ☐ No ☐ Child's School: Yes ☐ No ☐				
Illinois Counties Served:				
Test Batteries You Are Qualified to Perform: Neuropsychological ☐ Psychiatric ☐ Psychoeducational ☐ Speech/Language ☐ Administer in a Foreign Language? ☐ _____				

PROFESSIONAL EXPERIENCE: *ATTACH ADDITIONAL SHEET IF NEEDED*		
Place of Employment	Title	Dates of Employment

EDUCATIONAL TRAINING			
College/University	Year	Location	Degree Earned

LICENSES AND CERTIFICATIONS *PLEASE ATTACH COPIES*			
Areas	Year	State	License Number

COURSES

Check each course/workshop/training completed, circle the level at which course was completed and also includes the date completed.

	Undergraduate	Graduate	Other	Date Completed:
Assessment Course - Achievement	U	G	O	
Assessment Course - Intelligence Testing	U	G	O	
Basic/Introduction Tests and Measurements	U	G	O	
Career Assessment	U	G	O	
Child Development	U	G	O	
Learning Disabilities - Characteristics	U	G	O	
Learning Disabilities - Methods	U	G	O	
Neuropsychological Assessment	U	G	O	
Reading (# of courses: _____)	U	G	O	
Projective Testing	U	G	O	
Statistics	U	G	O	

Use of Tests in Counseling	U	G	O	
Other (Please list):	U	G	O	
	U	G	O	
	U	G	O	
	U	G	O	
	U	G	O	

MULTI-SENSORY LANGUAGE APPROACHES *FOR WHICH YOU COMPLETED A SUPERVISED PRACTICUM*

Please list three references who can account for your teaching/tutoring skills:

☐ Alphabetic Phonetic Structural Linguistic	☐ Project Read / Language Circle
☐ Alphabetic Phonics (or derived program)	☐ SLANT
☐ The Association Method	☐ The Slingerland Approach
☐ The Herman Method	☐ The Spalding Method
☐ Language!	☐ Starting Over
☐ Lindamood-Bell Method	☐ Wilson Reading System
☐ Orton-Gillingham (or derived program)	☐ Other _____
Where and under whom you received training:	
Date training completed:	
Are you certified in this method?	
Post Graduate/Professional Training:	

QUESTIONS REGARDING YOUR PROFESSIONAL PRACTICE

For each area listed below, please describe your knowledge and skill, including years of experience. (You may include a separate sheet)

Psychoeducational Testing Experience:

Independent Educational Evaluator Experience:

Teaching Experience:
Special Area of Competence: (Describe your "signature" as an evaluator, which best illustrates your skill in test administration and interpretation.)

REFERENCES	
List three people who can account for your diagnostic skills.	
Full Name	Relationship:
Company	Phone ( )
Address, City & Zip	
Full Name	Relationship:
Company	Phone ( )
Address, City & Zip	
Full Name	Relationship:
Company	Phone ( )
Address, City & Zip	

DISCLAIMER AND SIGNATURE

Principles of Effective Test Use:

- Maintain Confidentiality
- Sound, professional use of educational and psychological tests means that all test users must:
    1. Maintain the security of testing materials before and after testing.
    2. Avoid labeling individuals based on a single test score.
    3. Adhere strictly to the copyright law and under no circumstance photocopy of otherwise reproduce answer forms, test books, or manuals.
    4. Administer and score test exactly as specified in the manual.
    5. Release results only to authorized persons in a form in keeping with accepted principles of test interpretation.

By my signature below, I certify and attest that all my statements and representations I have made in this form are true and I have all credentials, education, degrees, licenses and/or certifications that are legally or customarily required in my field to perform the services I have checked off on this form. Further, I certify and attest that the credentials, education, degrees, licenses and/or certifications are current and have been issued by an institution or body accredited or empowered to do so.

Additionally, I certify and attest that I have not been convicted of any felony or crimes involving professional malfeasance or abuse of any kind. I also acknowledge that a disclaimer will accompany any information disseminated by Everyone Reading Illinois, which indicates that all service providers listed in the database have signed this verification statement.

I understand that listing in the Everyone Reading Illinois database requires membership in The International Dyslexia Association and is at the complete and sole discretion of Everyone Reading Illinois. By submitting this application, I agree to accept Everyone Reading Illinois' determination regarding this request to be listed.

If this application leads to approval, I understand that false or misleading information in my application may result in my name removal from the referral list.

I also understand that my signature provides permission for a member of the committee to call my listed references and also it is an indication that the committee may ask the applicant to provide written letters for reference.

Respond time from Everyone Reading Illinois in regards to decision, is usually within one month from the receipt of the completed application in the Everyone Reading Illinois office.

Signature	Date

Check List for Application Submittal:

1. This application filled out in its entirety.
2. Membership is required; if you are not yet a member please see the enclosed membership application.
3. Copies of Licenses
4. Resume
5. Description of the multi-sensory training is to be attached
6. Sample of Work: Please attach two psycho-educational reports, dated, with identifying information deleted/blacked out. (These reports will not be released; however, they will remain on file in the Everyone Reading Illinois office.)

FORWARD TO:
Everyone Reading Illinois
4415 W. Harrison St., Suite 318
Hillside, Illinois 60162
Email: info@everyonereadingillinois.org
Fax: 630-469-6810

OFFICE USE ONLY:	
DATE RECEIVED:	
Approval:	Date