



Everyone Reading Illinois

SUCCESS FOR ALL WITH DYSLEXIA

EVERYONE READING ILLINOIS

Educational Intervention Specialist Referral Application

Date Received: _____

APPLICANT INFORMATION

Last Name:		First:	M.I.:	Date:
Employer Name:				
Street Address:			Apartment/Unit #	
City:		State:	ZIP:	
Home Phone:		Preferred Contact Phone: Work <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/>		
ERI member? (required) YES <input type="checkbox"/> NO <input type="checkbox"/>		E-Mail:		
If approved, may we list your email address as a point of contact? (along with preferred contact phone number) YES <input type="checkbox"/> NO <input type="checkbox"/>				
Member Affiliation: IDA <input type="checkbox"/> LDA <input type="checkbox"/> CHADD <input type="checkbox"/> OTHER <input type="checkbox"/> _____				
Subjects: Reading <input type="checkbox"/> Writing <input type="checkbox"/> Spelling <input type="checkbox"/> Math <input type="checkbox"/> Study Skills <input type="checkbox"/> OTHER <input type="checkbox"/> _____				
Grade Levels: Elementary <input type="checkbox"/> Jr. High <input type="checkbox"/> High School <input type="checkbox"/> Adult <input type="checkbox"/>				
Tutoring Location: _____		Times: _____		
Will <input type="checkbox"/> Will Not <input type="checkbox"/> tutor outside home or office location				

MULTI-SENSORY TRAINING:

APPROACHES FOR WHICH YOU HAVE COMPLETED A SUPERVISED PRACTICUM

Please note that a description of the multi-sensory training is to be attached as well as a copy of your certificate of completion for this training.

Class	Date	Location/Site	Instructor/Organization

EDUCATION TRAINING

College/University	Year	Location	Degree Earned



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CERTIFICATIONS			
Certification Name	Year Obtained	Location	Instructor/Organization

REFERENCES	
<i>Please list three references who can account for your teaching/tutoring skills (at least one must be a Professional Reference):</i>	
Full Name	Relationship
Company	Phone ()
Email Address	
Full Name	Relationship
Company	Phone ()
Email Address	
Full Name	Relationship
Company	Phone ()
Email Address	

Check List for Application Submittal:

1. This application filled out in its entirety. (Please use additional paper if necessary)
2. Membership is required; if you are approved for the referral list and are not yet a member, please join at www.everyonereadingillinois.org
3. Resume
4. Description of the multi-sensory training is to be attached as well as a copy of your certificate of completion for this training.

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