

## **EVERYONE READING ILLINOIS**

Educational Intervention Specialist Referral Application

Date	Received:	

APPLICANT INFORMATION										
Last Name:	First:		M.I.:	Date:						
Employer Name:										
Street Address:			Apartment/	artment/Unit #						
City:	State:		ZIP:							
Home Phone:	Preferred C	ontact Phone:	Work Cell Home							
ERI member? YES NO (required)	E-Mail:	E-Mail:								
If approved, may we list your email address as a poir	nt of contact? (al	ong with preferred contact p	hone number	YES NO						
Member Affiliation: IDA ☐ LDA ☐ CHADD	OTHER [									
Subjects: Reading Writing Spelling	Math St	udy Skills  OTHER								
Grade Levels: Elementary   Jr. High   High !	School  Adul	t 🗌								
Tutoring Location:		Times:								
Will Will Not Lutor outside home or office										
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 In		Instructor/Organization						
EDUCATION TRAINING										
College/University	Year	Location	Deg	Degree Earned						

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CERTIFICATIONS									
Certification Name	Year Obtained	Location				Instructor/Organization			
REFERENCES									
Please list three references who can account for your teaching/tutoring skills (at least one must be a Professional Reference):									
Full Name			Relationship						
Company			Phone	Phone ( )					
Email Address									
Full Name			Relationship						
Company			Phone ( )						
Email Address									
Full Name			Relationship						
Company			Phone ( )						
Email Address									
DISCLAIMER AND SIGNATURE									
I certify that my answers are true and complete to the best of my knowledge. I am attesting to my statement of all credentials, education, degrees and licenses and that I have not been convicted of any felonies or crimes.  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 office.									
Signature				Date					

## **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: <u>info@everyonereadingillinois.org</u> Fax: 630-469-6810

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