

# DYSLEXIA and RELATED DISORDERS TRAINING

If a district or school chooses to utilize someone other than the MDE to provide training this form must be submitted for prior approval. Email completed forms, along with any additional relevant documentation to [mmclain@mdek12.org](mailto:mmclain@mdek12.org) Once the training has been approved you will receive notification of approval via email.

Name of District \_\_\_\_\_

School(s) to be trained \_\_\_\_\_

Name of individual(s) who will lead training \_\_\_\_\_

(Must be Certified Academic Language Therapist and hold a valid MS Educator License No. 203)

Please provide an outline of content for 4 hours of training. Include how you will implement Standards I and 2 of IDA's Knowledge and Practice Standards for Teachers of Reading.

