

DYSLEXIA and RELATED DISORDERS TRAINING

If a district or school chooses to utilize someone other than the MDE to provide training as outlined in House Bill 754 (Effective 7/1/21) this form must be submitted for prior approval. Email completed forms, along with any additional relevant documentation, to jbrantley@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.

