

DYSLEXIA and RELATED DISORDERS TRAINING

If a district or school chooses to utilize someone other than the Mississippi Department of Education to provide the Dyslexia Awareness Training, this form must be submitted for prior approval. Email completed the form, along with any additional relevant documentation to pbethany@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 (CALT) and hold a valid MS Educator License No. 203-provide documentation for each.

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.

