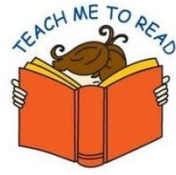


Mississippi Dyslexia Therapy Association (MSDTA)



This form is editable with newer versions of Adobe Reader, Adobe XI.

Download and save this file to your computer, then open the file, fill out the application, print, and re-save.

Email the completed form as an attachment to info@msdta.org.

Please mail a printed copy of the form with the \$25 dues to the
MSDTA 116 S. George Petal, MS 39465.

Name:

Address:

Email:

Phone(s):

1. Are you currently a Licensed Dyslexia Therapist or a Therapist in Training? If in training, list location.
2. List Undergraduate Degrees:
3. List additional Graduate Degrees: (Dyslexia Therapy, Speech Language Pathology, Education, Psychology, Law, etc.)
4. List additional MDE Certifications: (ex. Psychometrist, Reading Specialist, Administration, Counseling, etc.)
5. List any Specialized Training: (Association Method, Lindamood-Bell, Orton-Gillingham Academy, Wilson, Barton, and/or Project Read)
6. In what area of Mississippi do you provide Dyslexia Therapy?
7. In what setting do you practice Dyslexia Therapy? (Public or Private Schools, Clinic, Private Clients)
8. Approximately how many hours per week do you provide DT in each setting?
9. Is providing DT the primary responsibility in your work setting or do you provide DT in addition to another primary role? Explain:
10. Why did you choose to pursue a graduate degree in Dyslexia Therapy?
11. What professional issues would you like to see addressed by your association?