

Minimum Requirements for Certified Academic Language Practitioner Independent Courses



- Documentation of completion of a bachelor's degree from an accredited public or private institution of higher education (IHE)
- Copy of signed Certificate of Completion for practitioner level Date received: _____
- Documentation of instructor's certificate that verifies trainer status
- Log of a minimum of sixty (60) supervised clinical teaching hours signed by supervisor
- Five (5) demonstrations of teaching competency with lesson plans and supervisor's critiques and signature
- Forty-five (45) instructional hours – at least twenty-three (23) hours face-to-face
- MSLE coursework log ____ instruction spans a minimum nine (9) month period ____ course syllabi that include all areas on MSLE coursework log
- List of published materials used in coursework – textbooks, kits, etc.
- Summary of course requirements
- Required reading list/bibliography – books, journals, papers, etc.
- Completion of the Training Verification Form for CALP level

The ALTA exam, at the CALP level, is available to applicants with a **minimum of 9 months from the beginning of training, and a maximum of 2 years from the completion of CALP training.**

The ALTA Competency Exam for MSLE costs \$150 to take, which includes the current year's membership. Current CALP dues are \$75 annually.

Training Verification Form for CALP level

Please complete the following if the applicant received training from an independent course.

I verify that this applicant has completed a comprehensive multisensory structured language education program consistent with the standards of ALTA and that the information regarding instructional hours, clinical teaching hours, demonstrations of competency, clinical teaching documentation and proof of the trainee's progress and competency supplied are true and correct.

Name of Center/Program _____

Accredited by (ex AOGPE) _____

Address _____

City	State	Zip Code
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Phone _____ Fax _____

Program Director _____

Other instructors and clinical supervisors (include their qualifications) _____

Dates of training ___/___/____ to ___/___/____

Total number of clock instructional (classroom) hours _____

Total number of face-to-face instructional hours _____ complete content log

Total number of online instructional hours _____ complete content log

Total number of supervised clinical teaching hours _____ complete log

Total number of observed lessons / demonstrations of clinical competency _____ complete log

Demonstrations include (include number for each category)

_____ live critique with feedback from clinical supervisor

_____ written feedback only

Signature of Program Instructor

Date

ALTA MSLE Hybrid/Online Coursework Log

Training Course: _____ Date: _____

Place an X in the box to indicate “face-to-face” or “online” instruction.
IMPORTANT: Areas marked with an asterisk (*) MUST be face-to-face.

*Structure of written language

hours _____

- Phonology
- Morphology
- Orthography
- Syntax
- Semantics
- Composition
- Written-language development

*Instructional strategies

hours _____

- VAKT: Visual, Auditory, Kinesthetic, Tactile
- Systematic and Cumulative:
- Direct Instruction:
- Diagnostic Teaching:
- Synthetic and Analytic Instruction
- Fluency

	# Hours	Face-to-Face	Online
State, federal, and local laws & legislation		<input type="checkbox"/>	<input type="checkbox"/>
ALTA Ethics		<input type="checkbox"/>	<input type="checkbox"/>
Practice management		<input type="checkbox"/>	<input type="checkbox"/>
Professional writing skills		<input type="checkbox"/>	<input type="checkbox"/>
Reading development and instruction		<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the field of dyslexia and related disorders		<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of OG-based methods and MSLE curricula		<input type="checkbox"/>	<input type="checkbox"/>

Total # face-to-face hours _____ (at least 50% of total hours must be face-to-face)

Total # online hours _____

Signature of Program Instructor: _____ Date: _____

Record of Lesson Demonstrations for ALTA Practitioner Applicants (5 minimum Observations)

Name: _____ Date: _____

Obs #	Student first name	How many prior sessions with this student:	Date:	Scope and sequence/level taught:	Curriculum used (if applicable):	Supervisor Comments and Grade:
1						
2						
3						
4						
5						

Signature of Program Instructor: _____ Date: _____