

# Minimum Requirements for Certified Academic Language Therapist 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 Therapist level
- Documentation of instructor's certificate that verifies trainer status
- Log of a minimum of seven-hundred (700) supervised clinical teaching hours signed by supervisor
- Ten (10) demonstrations of teaching competencies with lesson plans and supervisor's critiques and signature
- Two-hundred (200) instructional hours – at least one-hundred (100) hours face-to-face
- MSLE coursework log \_\_\_\_ instruction spans a minimum twenty (20) 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 CALT level

The ALTA exam, at the CALT level, is available to applicants with a **minimum of 2 years from the beginning of training, and a maximum of 5 years from the completion of CALT 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 at the CALT 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
<b>State, federal, and local laws &amp; legislation</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>ALTA Ethics</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Practice management</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Professional writing skills</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Reading development and instruction</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Knowledge of the field of dyslexia and related disorders</b>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Knowledge of OG-based methods and MSLE curricula</b>		<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 Therapy Applicants (10 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						
6						
7						
8						
9						
10						

Signature of Program Instructor: \_\_\_\_\_ Date: \_\_\_\_\_