



TRAINING VERIFICATION FORM

For Academic Language Therapy Association Instructor-Led Training Program

Please complete the following applicant information and return to the ALTA Office.

Name of Center/Program _____

Accredited by (ex AOGPE) _____

Address _____

_____ City State Zip Code

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

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.

Program Instructor Signature: _____

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 _____
<ul style="list-style-type: none"> • Phonology • Morphology • Orthography • Syntax • Semantics • Composition • Written-language development 	

*Instructional strategies	# hours _____
<ul style="list-style-type: none"> • VAKT: Visual, Auditory, Kinesthetic, Tactile • Systematic and Cumulative: • Direct Instruction: • Diagnostic Teaching: • Synthetic and Analytic Instruction • Fluency 	

	# hours	Face-to-Face (synchronous)	Online (non-synchronous)
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 _____

Program Instructor Signature: _____

Date: _____