



## **Applicant Training Verification Form**

For Academic Language Therapy Association Instructor-Led Training Program  
Please complete the following training applicant information to be submitted by the  
applicant with the membership application.

Name of Applicant \_\_\_\_\_ Level CALP \_\_\_ CALT \_\_\_ CALT-C

Highest level of Education \_\_\_\_\_

(Master's Degree will be required as of May 31, 2023 and submitted with application)

Name of Training Course \_\_\_\_\_

(Certificate of Completion from Training Course will be submitted with application)

Name and credential of ALTA Supervising Instructor (s) \_\_\_\_\_

Name of Curriculum or Scope & Sequence used for Training \_\_\_\_\_

Training Dates \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_/ (CALT min 2 yrs, CALP min 9 mos)

Instructional Hours \_\_\_\_\_ (CALT min 200 hrs, CALP min 45hrs)

Supervised Clinical Teaching Hours \_\_\_\_\_ (CALT min 700 hrs, CALP min 60 hrs)

\*\*COVID 20% waiver will be accepted for applicants training between 3/2020 - 5/2021

(CALT - 560 hrs and 8 demos, CALP - 48 hrs and 4 demos)

Graded Observation/Demonstrations \_\_\_\_\_ (CALT min 10, CALP min 5)

I, \_\_\_\_\_ verify that this applicant has met all of the requirements of 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 as specified within the ALTA requirements for Certified Academic Language Therapy or Practitioner levels supplied are true and correct.

Supervising Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Record of Lesson Demonstrations

\*Please review the minimum required demonstrations at the prospective membership level

## REQUIREMENT

CALP = 5

CALT = 10

Name of Applicant \_\_\_\_\_

Obs #	Date of Demo	Student Initials or Group#	#prior session With student or group	New Learning Concepts	Level Intro/ Adv	Grade
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Supervising Instructor's additional comments:

Supervising Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_