



Idaho Department of Education

650 W. State Street

Boise, ID 83702

APPLICATION FOR DYSLEXIA PROFESSIONAL DEVELOPMENT CREDIT PROVIDERS

To ensure high quality instruction and consistency, all dyslexia PD offerings must align to the revised [Idaho Comprehensive Literacy Plan](#), the [Idaho Dyslexia Handbook](#), and meet the requirements set forth in [I.C. 33-1811](#). Interested providers must confirm that their instructional material meets the key components outlined in the application and share their course syllabus. The course syllabus must clearly outline how each of the three required elements (listed below) will be addressed.

INSTRUCTIONS

1. Complete Section A—Contact Information
2. Complete Section B—Provider Description and Qualifications
3. Complete Section C—Confirmation of Course Requirements
4. Complete Section D—Course Details
5. Complete Section E--Assurance
6. Email this application and course syllabus to dyslexia@sde.idaho.gov

SECTION A: CONTACT INFORMATION

Provider Name:		
Address:		
City:	State:	Zip Code:
Contact Name and Title:		
Email:	Phone Number (with extension, if applicable) (_____) _____ - _____ X _____	



SECTION B: DESCRIPTION OF PROVIDER AND QUALIFICATION OF FACILITATORS

Provide a brief description of provider and/or facilitator qualifications.

SECTION C: COURSE REQUIREMENTS

Approved professional development will provide access to one (1) or more credits. This may include either transcribed credit or in-service credit (15 district-approved clock hours to be documented on the *In-Service Verification of Completion Form*). It will address the following:

- 1) identifying characteristics of dyslexia;
- 2) understanding the pedagogy for instructing students with dyslexia; and
- 3) providing dyslexia-focused intervention

Course content must also be consistent with the Idaho Dyslexia Handbook and Idaho Comprehensive Literacy Plan.

Identifying Characteristics of Dyslexia

Demonstrate an understanding that Dyslexia is a specific learning challenge that is neurobiological in origin and is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. Understands that these difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities (that the student has) and the provision of effective classroom instruction.

Describe how this course will address the above requirement.



Describe how this content aligns with the Idaho Dyslexia Handbook and Idaho Comprehensive Literacy Plan.

Understanding Pedagogy for Instructing Students with Dyslexia

Demonstrate and apply knowledge of the following foundational concepts of literacy instruction and their typical developmental progression: oral language, emergent literacy, concepts of print, phonological awareness, alphabetic principle, phonics skills, automatic word recognition, orthographic knowledge, fluency, linguist development, and English language acquisition. These concepts are taught using evidence-based principles including systematic, explicit, and multisensory instruction.

Describe how this course will address the above requirement.

Describe how this content aligns with the Idaho Dyslexia Handbook and Idaho Comprehensive Literacy Plan.



Providing Dyslexia-Focused Intervention

Demonstrate an understanding that learners with reading difficulties require structured literacy with code-based explicit, systematic, sequential, and diagnostic instruction with many repetitions.

Describe how this course will address the above requirement.

Describe how this content aligns with the Idaho Dyslexia Handbook and Idaho Comprehensive Literacy Plan.

SECTION D: COURSE DETAILS

How many credits may be earned through this course; *OR*
How many clock hours are available through district-approved CEUs? _____

How will this course be delivered?

<input type="checkbox"/>	Online
<input type="checkbox"/>	In-Person
<input type="checkbox"/>	Hybrid
<input type="checkbox"/>	Other

When is this course available? _____



Will it be repeated? (ex: every semester, annually, ongoing, etc) _____

Is this course available to all, or is it intended for a specific district or training opportunity? If so, describe.

SECTION E: ASSURANCE

By signing below, I assure the provided information is accurate and truthful.

_____	_____
Organization and/or Provider Name	Date
_____	_____
Name and Title	Signature

Email this application and **course syllabus** to dyslexiateam@sde.idaho.gov.