

Name		
Address: Street, City, State, Zip		
Phone		
PIC # (Mandatory)		
Email Address		
Teacher Certificate Number or Last 4 digits of Social Security Number		
<b>Lessons</b>		
<p><b>Part One:</b></p> <ul style="list-style-type: none"> <li>• Identify the number of phonemes in any given word.</li> <li>• Practice and produce the 4 sounds of the English language.</li> <li>• Identify the number of syllables in any given word.</li> <li>• Define the terms associated with phonological awareness.</li> </ul>		
<p><b>Part Two:</b></p> <ul style="list-style-type: none"> <li>• Administer Kilpatrick's PAST.</li> <li>• Facilitate Kilpatrick's one-minute Activities.</li> <li>• Understand and use sound boxes correctly with tokens as well as letters.</li> </ul>		
	<p><b>My signature verifies that I have attended all sessions of the IMSE Orton Gillingham Phonological Awareness, and would like to apply my attendance towards earning 12 State Continuing Education Clock Hours for Educators (SCECHs).</b></p>	
Signature		