IMSE Orton-Gillingham Phonological Awareness Teacher Recertification Sign-In Sheet



| Name | |
|---|---|
| Address: | |
| Street, City, | State, Zip |
| Phone | |
| PIC # (Mand | latory) |
| Email Addre | ess |
| Teacher Cer | tificate Number or Last 4 digits of Social Security Number |
| | Lessons |
| Part One: | |
| • Ident | tify the number of phenomes in any given word. |
| | |
| | tice and produce the 4 sounds of the English language. |
| Identify the number of syllables in any given word. | |
| • Defin | ne the terms associated with phonological awareness. |
| Part Two: | |
| • Admi | inister Kilpatrick's PAST. |
| | itate Kilpatrick's one-minute Activities. |
| | erstand and use sound boxes correctly with tokens as well as letters. |
| - Onde | Installia and use south boxes correctly with tokens as well as fetters. |
| | 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). |
| Signature | |
| | |

IMPORTANT: You must apply for SCECHs within Schoolcraft College's outlined semester dates, or within 10 days of training completion if you are attending a multi-week training which spans more than 4 weeks. Forms received after these deadlines will not be processed and SCECHs will not be awarded.