

The Canadian Academy of Therapeutic Tutors  
(Orton-Gillingham)

**2012 Membership Renewal Form**

Box 34068-17790 #10 Highway  
Surrey BC V3S 8C4

[www.ogtutors.com](http://www.ogtutors.com) Phone: 604 261.3125

FORM MUST BE FILLED OUT IN FULL AND RETURNED WITH PAYMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Registration # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

As outlined in the CATT O-G Code of Ethics, it is necessary for all CATT members to:

*be responsible to engage in continued professional education through workshops, conferences, seminars, college courses and programs in order to keep current with knowledge that pertains to the field of dyslexia and/or learning disabilities and thus to provide appropriate advice and service to the community.*

Please list all professional development you have completed in the past year:

Spring Fling (April) Yes \_\_\_

Member-to-Member Meeting (Fall) Yes \_\_\_

Professional Day Catt Presentation (Winter) Yes \_\_\_

Orton-Gillingham Community Support Meetings and other functions: Dates attended;

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Reading Applicable to Learning Disabilities: Names of Books or Articles;

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If you have been unable to fulfill the commitment towards professional development please explain why:

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My name may be provided to parents and professionals seeking tutor referrals from  
CATT (O-G):

Yes \_\_\_\_\_ No, not at this time \_\_\_\_\_

Do you have Multisensory Math training? \_\_\_\_\_

Area(s) you live in or are willing to travel to for tutoring: \_\_\_\_\_

Other comments:

Please check that your membership fee is included. Thank you.

Annual renewal \$150.00 - Including Professional Liability Insurance

Amount Remitted \$ \_\_\_\_\_

You may also RENEW ONLINE at [www.ogtutors.com](http://www.ogtutors.com) using your VISA or M/C

**I have read the CATT Code of Ethics and Standards and agree to  
adhere to them.**

(Code of Ethics can be found on the CATT O-G website [www.ogtutors.com](http://www.ogtutors.com) under resources).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EVALUATIONS:** If you have been a certified 'CATT (O-G) Tutor  
Associate-Interim' for a minimum of one yr. and a maximum of two yrs. and have  
completed a minimum of 100 hours of one-to-one O-G therapeutic tutoring, you must  
arrange for an evaluation by a certified CATT (O-G) Supervisor. Upon successful  
completion of this evaluation you will be recommended for Tutor-Associate status.

I wish to arrange for an evaluation: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_