



SMU

ANNETTE CALDWELL SIMMONS
SCHOOL OF EDUCATION
& HUMAN DEVELOPMENT

LEARNING THERAPY CENTER AT SMU-IN-PLANO

The graduate certificate programs offered by the SMU-in-Plano Learning Therapy Center are accredited by the International Multisensory Structured Language Education Council (IMSLEC) and subscribe to the certification guidelines and standards of professional conduct and code of ethics of the Academic Language Therapy Association (ALTA®).

Annual Application Deadline: May 1

CAS PROGRAM ADMISSION

The CAS program is comprised of the ICALP and the QI programs. The CAS program is open to individuals who hold a Master's or higher degree from an accredited college or university and have completed Multisensory Structured Language Education (MSLE) training.

ICALP – Prospective students must have been a CALP and a member of ALTA for a minimum of one (1) year, and must have taught through a multisensory, structured, sequential, Orton Gillingham-based curriculum at least one (1) time. Additionally, candidates for the ICALP program must have completed a minimum of 600 MSLE teaching hours beyond certification.

QI – Prospective students must have been a CALT and member of ALTA for a minimum of three (3) years, and must have taught through a multisensory, structured, sequential, Orton Gillingham-based curriculum at least three (3) times. Additionally, candidates for the QI program must have completed a minimum of 1400 MSLE teaching hours beyond certification.

CAS courses are taught sequentially, with each course serving as a requisite for enrollment in subsequent courses. A new cohort of students is admitted each summer term. Formal program application, which includes an in-person interview, is required for admission consideration to CAS programs. The annual application deadline for admission is May 1.

Individuals who are interested in the CAS program should contact the Learning Therapy Center to schedule an initial interview. Email: learning@smu.edu Phone: 214/768-7323

Transfer credit hours are not accepted toward programs offered at the Learning Therapy Center.

Please mail all application materials to:

Southern Methodist University
Learning Therapy Program
5236 Tennyson Pkwy., 4-108
Plano, TX 75024

Your application will be complete and eligible for review upon our receipt of the following required items.

Application Checklist:

1. Completed Application Forms
2. \$75.00 Application Fee (Check payable to SMU)
3. Two letters of recommendation (To be mailed directly to the LTP office by recommenders)
4. Official Transcripts in original, unopened envelopes
5. Personal Statement (Please refer to #12 on the application for additional information)
6. Copy of ALTA Membership Certificate
7. Verification of required MSLE hours beyond certification. (ICALP-600/QI-1400)



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LEARNING THERAPY CENTER
APPLICATION FOR ADMISSION
CERTIFICATE OF ADVANCED STUDIES

Have you ever applied for admission to SMU? Yes No

If yes, what year and term? _____

Please indicate the CAS level for which you are applying:

Practitioner Level (ICALP) Therapy Level (Qualified Instructor-“QI”)

Social Security Number: _____

Note: If you have previously attended SMU, you may provide your 8-digit SMU ID number instead of SS#.

1. Full Name: _____
Last/First/Middle

_____ *Any other name under which documents may be sent to us or filed*

2. Home Address: _____
Street & Number Apt. City State Zip

3. Business Address: _____
Street & Number Apt. City State Zip

Employer: _____
Company/School Name Position/Grade Level(s)

4. Telephone: Home _____ Office _____ Cell _____

5. Email: _____

6. **PERSONAL IDENTIFICATION:** Please complete all information

Gender: Male Female Date of Birth: _____ Place of Birth: _____
MM/DD/YYYY City, State & Country

Religious Affiliation: _____ Marital Status: Married Single

Citizenship (country): _____

*For Non U.S. Citizen Only: If you are a Permanent Resident, please provide your alien card identification A _____
If you are a Non-Immigrant, please state your visa status: _____

Prominent Ethnic Background: Providing this information is voluntary. The information you choose to provide will be used in a nondiscriminatory manner, consistent with applicable civil rights laws, solely for required reporting under federal and/or state laws.

Are you of Hispanic Origin? Yes No
Do you identify with one or more of the following?
 (01) Nonresident Alien
 (02) Race & Ethnicity unknown
 (03) Hispanic of any race

For non-Hispanics only:
 (04) American Indian or Alaska Native
 (05) Asian
 (06) Black or African-American
 (07) Native Hawaiian or other Pacific Islander
 (08) White
 (09) Two or more races

Applicant Name: _____

7. List in chronological order all colleges and universities attended (attach separate sheet if additional space is required):
- | Name of Institution | Location | Date of Attendance | Major | Degrees Awarded/Date (MM/YY) |
|----------------------------|-----------------|---------------------------|--------------|-------------------------------------|
|----------------------------|-----------------|---------------------------|--------------|-------------------------------------|

8. Where did you complete your CALP/CALT training? _____

9. If you have ever been dismissed or suspended from, or denied readmission to any school, please state particulars:

10. Do you hold a Teaching Certificate? Yes No*

If yes, what type? _____ What Level? _____ What State? _____

**Teacher Certification is not a requirement for admission. This information is used for program statistics only.*

11. Describe your work or professional experience:

12. Please select appropriate response.

For all "yes" responses, a statement of explanation must be submitted with application.

A. Were you ever dismissed or placed on academic probation, or subject to disciplinary action at any college or university? Yes No

B. Have you ever been convicted of a criminal offense or are any criminal charges currently pending?
 Yes No

C. Have you ever been discharged or dismissed from the armed forces (other than honorable) or sentenced in a court-martial proceeding? Yes No

D. Have you ever been enrolled in a graduate program you did not complete? Yes No

13. Attach a personal statement. It should include experiences or influences that prompted your interest in the field of dyslexia and your motivations for becoming an instructor of academic language therapy. Also include professional goals based upon completion of the program.

14. I hereby state that all information provided on this form and in the attached materials is true and complete. I understand that any false statement may be cause for exclusion or expulsion from the program.

Signature: _____

Date: _____



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APPLICATION FOR ADMISSION – RECOMMENDATION
CERTIFICATE OF ADVANCED STUDIES

TO THE APPLICANT: Please complete this section before giving it to your recommender.

Application for term: Summer _____
Year

Name: _____
Last/First/Middle

Any other name under which documents may be sent to us or filed

Address: _____
Street & Number Apt. City State Zip

Telephone: Home _____ Office _____ Cell _____

Email: _____

Letters of recommendation are received and maintained in confidence. *If you are admitted and you enroll in a program offered by the SMU Learning Therapy Center, you may inspect your letters of recommendation upon request, unless you have signed the following statement of waiver:*

“I understand that letters of recommendation are submitted as part of the selection criteria for admission to programs offered by the Learning Therapy Center and I hereby expressly and voluntarily waive any and all access rights I might have to such recommendations under the Federal Family Educational Rights and Privacy Act (FERPA), any state law, or any other laws, regulations or policies.”

Applicant signature of voluntary waiver: _____ Date: _____

TO THE RECOMMENDER: The student named above is applying for graduate admission to a graduate-level course of study designed for individuals who are interested in working with children or adults who have dyslexia or other written-language learning disabilities.

Your recommendation should include distinguishing intellectual and personal traits, as well as special talents of the applicant. Statements will be kept confidential and be made available only to those officers directly concerned with admission to the program. If the applicant has not signed the waiver, you should nevertheless complete the recommendation. Applicants who are not admitted to the program are not permitted to view letters of recommendation regardless of waiver status.

We thank you sincerely for helping us to assess worthy candidates for our programs. After completing the recommendation, please return it directly to:

Southern Methodist University
Learning Therapy Program
5236 Tennyson Pkwy., 4-108
Plano, TX 75024

Completed recommendations may also be emailed to Learning@smu.edu.

Southern Methodist University does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religion, national origin, sex, age, disability or veteran status. SMU’s commitment to equal opportunity includes nondiscrimination on the basis of sexual orientation. The Office of Institutional Access and Equity has been designated to handle inquiries regarding the nondiscrimination policies and may be contacted at Southern Methodist University, Dallas, TX 75275; 214/768-3601, or by email at nballard@smu.edu.

A. KNOWLEDGE OF THE APPLICANT

1. How long have you known the applicant? ____ Years ____ Months
2. How well do you know the applicant? Casually Well Very Well
3. What is the nature of your contact with the applicant?
 As a student As a colleague As an employee As a supervisor
 Other (specify): _____

B. ABILITY OF THE APPLICANT

1. Please check the response you feel is most appropriate in regard to the applicant's potential as an instructor:

	Below Average	Average	Above Average	Good	Outstanding	Exceptional	Have not observed
Organization Skills							
Maturity							
Professional Conduct							
Empathy							
Persistence							
Ability to work with colleagues							
Ability to work with others							
Ability to Communicate Complex Ideas Effectively							
Expressive Language Skills							
Written Language Skills							

2. Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential?
 Not familiar Yes No
3. Do you have any information related to character, temperament, or physical and mental health that should be considered by the Admissions Committee in planning the applicant's graduate studies? Yes No
If response of "no" is selected for questions 2 and/or 3, please provide explanation.

C. PERSONAL STATEMENT - Please provide a separate letter of recommendation on the candidate's behalf.

Recommender: _____ Phone: (____) _____ Email: _____

Professional Title: _____ Company/School Name: _____

Signature: _____ Date: _____



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