



Illinois Funded Institutional Membership Application

Please complete **ALL** sections. **Incomplete applications will be returned.**
Save and e-mail to kNorkin@LearningAlly.org or fax to 609.751.5263
Phone: 305.964.9764

All applicants will be notified by email upon receipt of this form. Applications will be processed on a first come, first serve basis.

SCHOOL/INSTITUTION INFORMATION

DATE _____

1. School/Institution Name: _____
2. District Name/Number: _____
3. School/Institution Address: _____
City: _____ State: _____ Zip: _____
4. Primary Contact Name: _____ Title: _____
5. Primary Contact Phone: _____ Email: _____
6. Select roles for online Teacher Ally access: You may choose more than one, please read descriptions below:
Instructor Certifier* *Must have special education background* Administrator
7. Secondary Contact Name: _____ Title: _____
8. Secondary Contact Phone: _____ Email: _____
9. Select roles for online Teacher Ally access: You may choose more than one, please read descriptions below:
Instructor Certifier* *Must have special education background* Administrator

ROLES FOR TEACHER ALLY

Instructor: This is any educator who is NOT a special education teacher. This person can add students, assign books and run progress reports.

Certifier: This person can certify a student's print-disability (learning disability, blindness, vision impairment, or physical handicap) in the online Teacher Ally management system. **This role can only be given to a special education teacher, special education administrator, school psychologist, case manager, speech pathologist, social worker, or doctor.** *At least one certifier must be selected.

Administrator: This person is given the "Manage Educators" tab online and can add other teachers into your school's account.

Thank you for completing this membership application.
You will be notified once we are able to process this application.
A limited number of grants are available. Applications will be processed in the order received.