

**Andeel Teacher Literacy Institute at
Phillips Fundamental Learning Center**
2220 East 21st Street North Wichita, KS 67214 www.funlearn.org

Take Flight Application

Take Flight gets struggling readers off the ground with structured, sequential, explicit, multisensory literacy instruction written by the staff of the Luke Waites Center for Dyslexia and Learning Disorders at Texas Scottish Rite Hospital for children in Dallas, Texas.

Name: _____

Address: _____

Phone number: _____

Email: _____

Date of Course: (Select one)

_____ June 6-17, 2022 M-F 8:30am – 4:30pm CST

_____ July 25 – August 5, 2022 M-F 8:30am – 4:30pm CST

Attendance:

_____ In Person - attend course at Phillips Fundamental Learning Center

_____ Virtual - attend synchronous course through virtual platform

Graduate Credit:

_____ Yes

_____ No

_____ Maybe

_____ I am currently enrolled in Friends University Master of Education Program

Payment Options:

Deposit must be received no later than 2 weeks before the course start date. Full payment is due the Friday before the course start date. Enrollment is not confirmed or complete without full payment.

_____ Self-pay

_____ Employer/ district pay

Name of employer/district: _____

Contact Name: _____

Address: _____

Email address: _____

Phone number: _____

Undergraduate Degree:

Degree: _____

Year: _____

Major: _____

College: _____

Graduate Degree:

Degree: _____

Year: _____

Major: _____

College: _____

Please attach your Teaching Certificate (if applicable)

Please attach your transcript for each degree listed

Unofficial transcript copies will be accepted, but official copies may be requested if necessary.

Experience:

Current employer: _____

Years employed: _____

Phone number: _____

Address of employer: _____

How did you hear about Phillips Fundamental Learning Center's Take Flight Course?

Please explain how you plan to use the Take Flight curriculum?

Assurance of Commitment:

If you are selected to participate in the Take Flight program, do you agree to attend all class sections? YES NO

If not, please indicate which dates/ times will be missed.

Do you agree to complete a practicum with a student/ group and the required observations? YES NO

Do you agree to consider future certifications as a practitioner or therapist?
 YES NO

By completing and submitting this form you agree to honor the above to the best of your ability.

Signature: _____ Date: _____