

Candidate's Section Please complete in BLOCK CAPITALS)

Surname:	Forename:
Title of Course:	
Accrediting Institution:	
Tutor(s):	
Start Date:	End Date:

Tutor's Section

Please state whether the candidate successfully completed the course according to the following criteria: (tick as appropriate)

- 1 Attended 40 hours or more of lectures plus seminars and tutorials. Yes No
- 2 Teaching practice: 20 hours or more of which a minimum of 10 hours should have been with one pupil: Yes No
- 3 Comprehensive teaching diary on 20 hours teaching: Yes No

Observation

- 4 1 hour of teaching practice observed by course tutor: Yes No
- 5 Was the teaching practice of a satisfactory standard and did it meet the BDA criteria: Yes No

In order for this application to be successful, the observing tutor(s) must hold AMBDA.

Please state which tutor(s) observed this candidate:

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Do the observing tutor(s) hold AMBDA? Yes No

Comments

You may wish to comment further on this application.

(a) theoretical assignments:

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.....

(b) teaching practice:

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Please add any further information which may be relevant to this application:

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Tutor's signature:

Print Name:

Date:

Data Protection Act 1998

The information provided on this form will be processed by the BDA and will be used for processing this application for ATS.

This form will be destroyed upon the conclusion of this application. If this application is deferred, it will be kept on file until the matter is concluded.

Please return this form to:

Education Department
British Dyslexia Association
Unit 8 Bracknell Beeches
Bracknell Lane West
Bracknell
Berkshire
RG12 7BW