

\*Credit Card Number:

Signature:

# Associate Educational Therapist Membership Application

AET Membership Department 7044 S 13<sup>th</sup> Street Oak Creek WI 53154

AET\_membership@aetonline.org / www.aetonline.org

	Instructions			
Your application consists of the following parts*:	The application form (pages 1) Course Requirements Worksheet (Pages 2-3) A current résumé Transcripts Two letters of reference \$35.00 application fee + \$125.00 General Membership fee	*AET reserves the right to request further information about the applicant's proficiency in the language in which his or her practice is conducted, should questions arise during the application process.		
Please complete this (fillable) PDF application and separately will delay the processing of your applica 6 weeks after receipt of <b>all documents</b> .				
Transcripts must be Official Transcripts or scans Transcripts need	Transcripts and Reference Letters or copies of Official Transcripts. Printouts from u NOT be in sealed envelopes direct from the univ			
The applicant may fill out the top portion of the re by email or print them out and mail them to your may submit them together with the other parts of	contacts. Please ask those people providing refer			
A \$35 application fee AND the General Membersh General Membership will give you access to the m balance of a one year Associate membership fee. P card information or mail a check made payable to	ember area of the AET website. Upon approval, y ayment can be made by check or credit card. Con	ou will receive a dues invoice for \$100, the		
Associate Educational Therapist Application C	hecklist:			
☐ Applicant Contact Information and F☐ Course Requirements Worksheet is fi☐ Two Reference letters (Supplemental	eral Membership Fee is enclosed or payment info Payment Method is complete (page 1). illed out (pages 2-3); see Supplemental Document Documents Part B) are attached or enclosed. NU/CSUN ET Certificate) are attached or enclose	ts Part A for course descriptions.		
How did you hear about AET? AET Member School Parent/Client AET Website Other				
	APPLICANT INFORMATION			
First Name:	Last Name:	Middle Name:		
Address:		1		
City:	State:	Zip:		
Phone:	Fax:	Email:		
Current Occupation/Title:				
Payment Method  Online at www.aetonline.o	org Check Please charge my Credit Card	* Uisa Master Card American Express		

6-1-2017

Expiration:

when submitted electronically.

Amount: \$

Check box to indicate acceptance of terms and conditions



## **Associate Educational Therapist Membership** Coursework Requirements Worksheet (Please see supplementary documents for course descriptions.)

Academic Degrees	: (Copies of <b>Official Transcripts</b> or	Credential must be su	ubmitted.)
School/Training Pr	ogram		
Degree/License ear			
School/Training Pr	ogram		
Degree/License ear	rned		
School/Training Pr	ogram		
Degree/License ear	rned		
School/Training Pr	ogram		
Degree/License ear	rned		
be completed before  Curriculum, Metl  Techniques Relati	cumentation must verify the following re Associate ET Membership can be a chods, and Remediation ing to Individuals with Reading ferences – Three courses, 3	approved.  Diagnosis and As	sessment of Individuals with rning Differences – Two
Institute:		Institute:	
Course Title:		Course Title:	
Course #:	Units:	Course #:	Units:
Institute:		Institute:	
Course Title:		Course Title:	
Course #:	Units:	Course #:	Units:
Institute:			
		Human Learning	– One course, 3 units
Course Title:		T4!440.	
Course #:	Units:	Institute:	
Course 11.	Omus.	Course Title:	
		Course #:	Units:

Overview Special Education - One c	ourse, 3
units	

#### **General Reading – One course, 3 units**

urse Title: urse #: Units:			
urse #: Units:			
Child/Adolescent (Human) Development – One course, 3 units			
iitute:			
ırse:			
urse #: Units:			
tit			

My signature below acknowledges the following:

- 1. I agree that, once accepted, I will abide by AET's Code of Ethics in all aspects of my professional practice (http://aetonline.org/about/ethics.html).
- 2. I understand that I must maintain membership at the Associate ET level in order to upgrade to Educational Therapist/Professional (ET/P).\*

Signature				
C				
Date				

<sup>\*</sup>The Associate ET level is considered a transitional level during which members complete experience-based requirements to attain full professional status. It is the responsibility of the applicant to contact AET's Supervision Chair to make arrangements for the next steps: fulfilling direct service hours and supervision/mentorship with a Board Certified Educational Therapist (BCET).

## **Supplementary Application Documents**

**Part A: Course Descriptions** 

**Part B: Reference Form** 

### **COURSE DESCRIPTIONS**

The following course descriptions are intended to assist you in determining which classes can be used to fulfill specific requirements.

# Curriculum, Methods, and Remediation Techniques Relating to Individuals with Reading and Learning Differences—Three courses, 3 units each

These courses must include program planning, remediation techniques, adaptation of curriculum, and program evaluation. One course must specifically address the identification and remediation of reading disorders and include a multi-sensorial technique or program for remediation. This reading remediation course cannot be counted towards the General Reading requirement. Examples of course titles may include:

Diagnosis and Remediation of Reading Disabilities

Reading Disabilities

Reading for the Special Needs Child

Adapting Reading Strategies for the Special Needs

Child

Remediation of Reading Disabilities

Correcting Reading Disabilities

Math Instruction for Special Needs Students

Strategies for Remediation of Reading Disabilities

\*Orton-Gillingham

\*Lindamood-Bell LIPs

\*Slingerland

\*Wilson Reading System

\*Language!

Technology Strategies for Special Needs Classes

Adaptation of (curriculum area) in Special

Education

Language Learning – Language Instruction In

**Special Education** 

#### Diagnosis & Assessment of Individuals with Reading & Learning Differences—Two courses, 3 units each

The courses must cover the foundations of formal (standardized) and informal test development, administration, and interpretation. These courses are usually presented sequentially, beginning with a basic course and followed with an advanced and/or practicum course. Examples of course titles may include:

Assessment in Special Education
Tests and Measurement in Special Education
Foundations in Educational Assessment

Assessing the Special Needs Child Woodcock-Johnson Test Administration and Interpretation

#### **Human Learning—One course, 3 units**

This type of course focuses specifically on the learning process, meaning how we learn. It can include the psychological and emotional aspects of learning as well as such things as information processing, and social impacts. Piaget's perspective is often covered in a course such as this. Examples of course titles may include:

Human Learning Cognitive and Psychological Development Human Development and Learning Psychology of Learning Educational Psychology (focused on Learning) How Children Learn/Develop

#### Overview of Special Education—One course, 3 units

This course must cover the characteristics of children categorized as having learning differences such as being gifted, mentally retarded, emotionally disturbed, or neurologically impaired. Sensory and motor disturbances and speech and language impairments are included. The course must also incorporate information regarding federal laws for individuals with special needs. Examples of course titles may include:

The Exceptional Child
Mainstreaming the Exceptional Child

Overview of the Child with Special Needs Introduction to Special Education

**Psychoeducational Interventions Combining Educational and Psychological Techniques**— This requirement in particular does not need to be met with an actual class, but can be experience-related.

This area is typically fulfilled by an applicant's practicum experience. Documentation should include counseling techniques for working with the family, school, and student, which help support the student's learning. Documentation (such as supervisor's notes, practicum or field work requirements, and/or coursework) should demonstrate that supervised experience was obtained in working with schools, families and allied professionals. Some examples of courses in this area are titled:

Principles of Educational Therapy
Working with Parents of Special Needs Children
Counseling Techniques in Special Education
Special Education Child and Family
Behavioral Strategies in Special Education
Guidance of the Special Needs Child and Family
Advocacy in Special Education

#### General Reading—One course, 3 units

This course must be related to teaching general reading, not reading remediation, and must include phonological skills.

#### Child/Adolescent (Human) Development—One course, 3 units

This course is broader than Human Learning, and typically involves the physical, cognitive, emotional, and psychological stages of development from birth to adulthood. Examples of course titles may include:

**Human Development** 

Child Development

Adolescent Development

Part B:



## **REFERENCE FORM**

PLEASE RETURN TO APPLICANT BY EMAIL OR REGULAR MAIL

APPLICANT'S NAME						
ADDRESS			PHON	Е		
The above has applied for Associate Membership in the Associate would be helpful in evaluating this applicant. Please	use reverse	side if addition	al space is req ABOVE	uired. Your time	is greatly apprecia	
ABILITY TO COMMUNICATE WITH:	WEAK	ADEQUATE	AVERAGE	OUTSTANDING	APPLICABLE	
a. CLIENTS						
b. PROFESSIONALS	님	닏	$\sqcup$	님	님	
c. CLIENT'S FAMILY					Ш	
ABILITY TO EVALUATE LEARNING PROBLEMS						
ABILITY TO DESIGN AND IMPLEMENT						
AN APPROPRIATE PROGRAM OF	_	_	_		_	
REMEDIATION FOR LEARNING PROBLEMS	Ш					
DEGREE OF PROFESSIONAL COMPETENCY IN:						
a. CHILD DEVELOPMENT						
b. PSYCHOLOGY						
c. EDUCATION	$\Box$	$\sqcup$	$\sqcup$	닏	님	
d. METHODOLOGY IN SPECIAL EDUCATION						
COMMENTS (Any strengths/weaknesses you feel are important to share	e.)					
HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN TH	E APPLICA	NT?				
Name		Professional Titl	le			
Place of Employment and Address						
Phone Email						
Thole						
☐ I am submitting this reference letter electronically and indicate by t	his check tha	it I am the person i	named above as	verifying this docun	nent.	
Signature		Date	e			
AET Membership Dept * 7044 S 13 <sup>th</sup> Stro	eet * Oak (	Creek WI 53154	* AET_mem	bership@aetonli	ne.org	