



Appendix B

**Canadian Institute of Reading Recovery®/
L'Institut canadien d'intervention préventive en lecture-écriture
Application for License as Reading Recovery/IPLÉ Training Centre**

For the school year: _____

Name of Liaison Administrator: _____

Training Centre Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____ Fax: _____

Email: _____

The _____ School District/Region plans to continue as a Registered Reading Recovery Training Centre in compliance with the Standards and Guidelines of the Canadian Institute of Reading Recovery/L'Institut canadien d'intervention préventive en lecture-écriture.

Yes

No

The Teacher Leader(s) is (are)

Standards and Guidelines for Trained Teacher Leaders

The checklist is to be completed by the Teacher Leader and signed by the Liaison Administrator responsible for the teacher leader(s):

Teaching Reading Recovery children daily;

Provide In-service course for teachers (Indicate number of teachers in training group of ____). Provide the equivalent of 4 half day Assessment Training sessions and 18 In-service sessions;

Complete a minimum of 5 school visits to teachers in training and one school visit to trained teachers;

Ensure teacher brings students to teach live lessons for their colleagues;



- Provide 8 on-going professional development sessions for trained teachers (Identify number of teachers and number of groups_____);
- Complete a minimum of one school visit;
- Full time teacher leader;
- Submit data to the Canadian Institute of Reading Recovery/L’Institut canadien d’intervention préventive en lecture-écriture;
- Submit Annual Training Centre Report to the Canadian Institute of Reading Recovery/ L’Institut canadien d’intervention préventive en lecture-écriture;
- Request for exemption submitted (Please specify).

Signatures:

Teacher Leader (s)

_____	_____ (date)
_____	_____ (date)
_____	_____ (date)
_____	_____ (date)
_____	_____ (date)
_____	_____ (date)
_____	_____ (date)
_____	_____ (date)

Liaison Administrator

_____	_____ (date)
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Submit to: CIRR - PO Box 461 Goderich, ON N7A 4C7 or email to cirr@rrcanada.org