



**EDWARDS**  
Orton-Gillingham  
TRAINING AND COACHING

150 Marine Ave, Unit 3G  
Brooklyn, NY 11209

practicum@edwardsog.com  
info@edwardsog.com



## School Support Agreement

I, [School Leader's Name] \_\_\_\_\_, confirm my support of the participation of [Teacher's Name] \_\_\_\_\_ in the Edwards Orton-Gillingham Practicum Program.

I agree to the following mandatory conditions:

### Lesson Duration and Frequency:

[Teacher's Name] \_\_\_\_\_ will be authorized to facilitate Edwards Orton-Gillingham lessons, conducting at least two 40-minute sessions per week. This schedule is essential to provide consistent and effective instruction aligned with the program's methodologies.

### Student Eligibility:

The program is specifically targeted for students who are rising first or second graders or remedial third graders. It is crucial that [Teacher's Name] \_\_\_\_\_ has access to students within these grade levels, as the program's instructional strategies are tailored to their developmental needs. Please note that no exceptions can be made for other grade levels.

### Location:

The lessons will be conducted on the premises of [School Name] \_\_\_\_\_, ensuring a familiar and supportive environment for both the teacher and students.

### Support and Resources:

[Teacher's Name] \_\_\_\_\_ will provide the necessary support and resources to facilitate the successful implementation of the Edwards Orton-Gillingham lessons. This includes access to appropriate classroom materials and any additional resources that may be required.

### Observation and Debriefing\*:

Every 6-8 weeks, [Teacher's Name] \_\_\_\_\_ will record an observation of a lesson and submit it to their Edwards Orton-Gillingham Practicum Supervisor. Following each submission, the teacher and supervisor will meet to debrief the lesson and outline actionable next steps to enhance instructional effectiveness. Over a minimum of 8 months, [Teacher's Name] \_\_\_\_\_ is expected to complete the required number of observations. If the teacher does not fulfill this requirement within a school year, the practicum will need to continue into the next school year.

*\*All participants must secure signed video consent forms from the guardians of the student(s) involved in the lessons. This is crucial for the submission of teaching videos for review.*



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We believe that participation in the Edwards Orton-Gillingham Practicum Program will significantly benefit your students by improving their reading skills and overall learning experience. This practicum is a valuable opportunity for professional development that will contribute to the educational excellence of your institution.

Please confirm your support by signing below and returning this form to [Teacher's Name]  
\_\_\_\_\_ as part of their application materials.

\_\_\_\_\_  
School Leader's Signature

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
School Leader's Printed Name

\_\_\_\_\_  
Teacher's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Thank you for your cooperation and support in advancing the literacy skills of your students through the Edwards Orton-Gillingham Practicum Program.

If you have any questions or require further information, please do not hesitate to contact us.

Sincerely,

*Edwards Orton-Gillingham Practicum Team*

Practicum@edwardsog.com

www.edwardsog.com