

Children's Dyslexia Centers, Inc.

Clinical Director: Carin M. Illig, M. Ed., CALT, ICALP
Associate Clinical Director: Kathleen P. Carlsen, M. Ed., CALT-QI

The Scottish Rite Masons in the Northern Jurisdiction have many philanthropic commitments that make differences in the lives of individuals, families, and communities. In 1994, the Scottish Rite Masons in the Northern Jurisdiction opened the first Children's Dyslexia Center (formerly called the 32° Masonic Learning Centers for Children). Since 1994, this charity has become a national leader in the effort to help children and their families deal with the challenges presented by dyslexia.

The Mission of each *Center* has three components:

- To provide the highest quality, state-of-the-art, multisensory tutorial reading and written language instruction to children with dyslexia.
- To train tutors in the art, science and practice of tutoring children using the Orton-Gillingham approach to multisensory teaching of reading, spelling and writing.
- Advance the body of scientific knowledge of dyslexia through support of clinical research, to improve today's standards and tomorrow's care.

Our Centers have tutored over 13,350 children in our multisensory structured language (Orton-Gillingham based) program. Our training courses are accredited by the International Multisensory Structured Language Education Council (IMSLEC®) and we have certified almost 3500 tutors. Our program has provided data for or participated in several scientific research projects.

Centers are located in Connecticut, Illinois, Indiana, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, and Wisconsin. For more information about Center locations, please go to our website at <http://childrensdyslexiacenters.org>

Children's Dyslexia Centers' Progress Summaries

Formal standardized tests used:

- *Woodcock Reading Mastery Tests (WRMT-III)*
 - Word Attack (WA): Measures the child's ability to apply phonological and structural analysis skills to read nonsense words.
 - Word Identification (WI): Measures the child's ability to read words of increasing difficulty.
 - Passage Comprehension (PC): Measures the child's ability to study a short sentence or passage and use a variety of comprehension and vocabulary skills to identify a missing word.

- *Test of Written Spelling (TWS-5)*: Measures the child's ability to spell words which increase in level of difficulty and complexity.

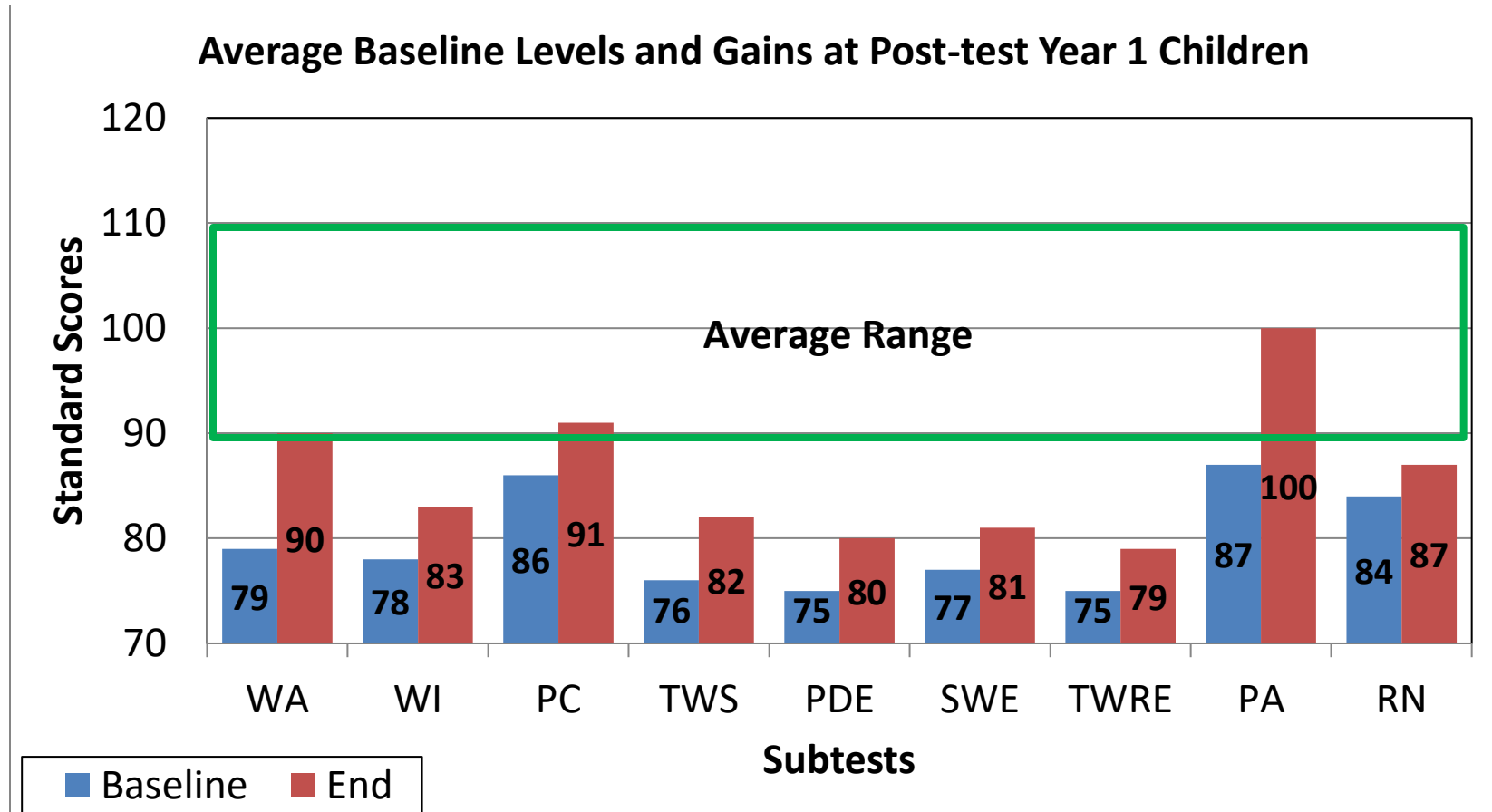
- *Test of Word Reading Efficiency (TOWRE-2)*
 - Sight Word Efficiency (SWE): Measures the child's ability to pronounce real words accurately and fluently. Children read from a list which increases in level of difficulty and complexity for 45seconds.
 - Phonemic Decoding Efficiency (PDE): Measures the child's ability to pronounce nonsense words accurately and fluently. Children read from a list which increases in level of difficulty and complexity for 45seconds.
 - Total Word Reading Efficiency (TWRE): This is a combined score of the child's ability to read real word and apply decoding strategies to nonsense words accurately and fluently.

- *Comprehensive Test of Phonological Processing (CTOPP-2)*
 - Phonological Awareness Composite (PA): This score is comprised of three subtests, measuring the child's ability to say a word and then say what is left after dropping out designated sounds; to combine sounds to form words; and to identify target sounds in words.
 - Rapid Naming Composite (RN): This score is comprised of two subtests, measuring child's speed at naming the numbers and at naming the letters.

The data mining and statistical analysis of the data was completed using Statistica[®] software. All numerical data used in this progress summary is the result of the statistical analysis completed by the Statistica[®] software. The resulting numbers calculated by Statistica[®] software were rounded to the nearest tenth. The results are presented using Standard Scores where the mean score is 100 and the standard deviation is 15. Standard Scores indicate a person's achievement in relation to the average achievement for his/her age group, and, if a person's achievement growth is at the same pace as the group's average growth, the standard score remains relatively stable. Therefore, higher standard scores at the time of the posttest indicate accelerated growth. An increase of five Standard Score points is considered to demonstrate clinically significant growth.

Children’s Dyslexia Centers’ Progress Summary for Fiscal Years 2017 - 2018

This report provides a basic summary of the average progress made by 335 children attending the Children’s Dyslexia Centers between the dates of 9/1/2017 and 8/31/2018. The children all completed one years of one-on-one tutoring. Tutoring sessions are 55-60 minutes in length and the children attend two sessions per week. The children attended an average of 48 sessions. Baseline testing is completed one to two weeks prior to a child’s first tutoring session and progress assessments are completed during each succeeding spring.



Children's Dyslexia Centers' Progress Summary for Fiscal Years 2017 - 2018

This report provides a basic summary of the average progress made by 184 children attending the Children's Dyslexia Centers between the dates of 9/1/2017 and 8/31/2018. The children all completed two years of one-on-one tutoring. Tutoring sessions are 55-60 minutes in length and the children attend two sessions per week. The children attended an average of 45 sessions the first year and 53 the second year. Baseline testing is completed one to two weeks prior to a child's first tutoring session and progress assessments are completed during each succeeding spring.

