

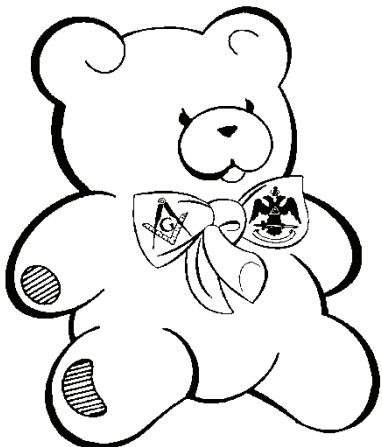
Children's Dyslexia Centers, Inc.

Millions of school children with dyslexia endure frustration on a daily basis as they struggle to acquire skills that many of us take for granted. For over ten years, the Scottish Rite Masons, Northern Jurisdiction, have been national leaders in the effort to help children and their families overcome the obstacles of dyslexia. With over 40 active Children's Dyslexia Centers in 13 states, the Centers tackle the challenge of dyslexia head-on, both by providing free one-on-one tutoring for children with dyslexia and by training a growing body of highly skilled and dedicated tutors.

Our Orton-Gillingham tutor-training program is accredited by the International Multisensory Structured Language Education Council (IMSLEC) and the International Dyslexia Association (IDA).

children in our program. However, other measures can only supplement the information found in the child's comprehensive psychoeducational assessments.

When a child applies to the Children's Dyslexia Center's program, it is our policy to inform the parents of the required assessments for admission to our program. We tell parents that the assessment of cognitive abilities is required to be less than 3 years old, and the assessment of achievement is required to be less than 2 years old. This is in the child's best interest and provides us with the best diagnostic profile for the child. Many of the children who apply for admission to our Centers have these assessments done as part of their educational programs in their schools. In this case, a copy of the results of the evaluation can be sent to the Center along with the application. If a comprehensive psychoeducational assessment has not been done, the parents/guardians can request that their child's school convene a team meeting and determine whether conducting a formal evaluation is appropriate, based on a review of the child's educational performance, or the parents/guardians can hire an independent evaluator to conduct the assessment.



About Dyslexia

Dyslexia is an under-reported disability—an inheritable neurological condition that affects language acquisition, processing and decoding. According to recent research, up to 20% of the U.S. population has learning disorders, and 80% of these people have varying degrees of reading disorders that qualify as dyslexia. Dyslexia is a disability in learning, not in intelligence, and affects girls and boys equally. It is a lifelong condition, but it can be managed successfully. More importantly, with early detection and treatment, children with dyslexia can learn and succeed academically.

Children with dyslexia are typically highly creative and intuitive, and are excellent hands-on learners. Some of the world's most famous artists, innovators and leaders were and are dyslexic, including Leonardo daVinci, Thomas Edison, Agatha Christie, William Hewlitt, Winston Churchill, Tom Cruise, Cher, Jay Leno, and Charles Schwab.

When a child struggles with reading, writing, spelling, and sometimes even speaking, it is possible that the problem is due to dyslexia. The common signs listed below do not necessarily mean that a child displaying them has this learning disability. However, if a child continues to display difficulty over time in the areas listed below, testing for dyslexia should be considered:

- Understanding that words are made up of sounds
- Assigning correct sounds to letters
- Correct pronunciation of sounds and words
- Spelling and proofreading
- Learning basic sequential information (alphabet, numbers)
- Reading with age-appropriate speed, accuracy and comprehension
- Learning numbers, facts
- Answering open-ended questions (math or word problems)
- Organizing thoughts, time, or a sequence of tasks
- Difficulty getting ideas on paper
- Difficulty with handwriting and copying tasks

The required areas of assessment for admission to our program are as follows:

- An individualized, standardized assessment of cognitive ability (verbal and performance scores required)
- An individualized, standardized assessment of Oral Word Reading
- An individualized, standardized assessment of Reading Comprehension
- An individualized, standardized assessment of Spelling

Recommended Areas of Assessment, but not required, include the following:

- Oral Language
- Reading Fluency
- Written Language
- Phonological Processing
- Decoding non-words
- Oral paragraph reading

Optional:

- Mathematics
- Visual-Motor Integration
- Visual Processing
- Processing Speed
- Short-Term Auditory/Working Memory
- Most recent IEP, only if it includes test data
- Informal screenings or progress monitoring data

Children's Dyslexia Center Policy on Psychological Evaluation for Program Qualification

Each Center is monitored from a centralized, corporate clinical office located in Lexington, Massachusetts. Policies and procedures for our accredited clinical program are developed through the corporate clinical office. All Centers and Center Directors are required to follow the policies and procedures of the corporation. Our child application process requires a comprehensive psycho-educational evaluation, for reasons explained below.

Our clinical procedures are independent of public school procedures. We serve children from many different educational backgrounds—some children are from public schools, some have Individualized Education Plans (IEPs), some have 504 Plans, and some are within the general school population with no special accommodations or services. We also serve children from parochial and private schools, and homeschooled children.

We take pride in the fact that our clinical model incorporates the latest scientific research in the field of reading and spelling education, and dyslexia and dyslexia remediation. We are structured and funded to serve a specific population: children with dyslexia. While we do not require a dyslexia diagnosis, the psychoeducational assessment requirement helps us to target children who meet the diagnostic profile of dyslexia. The admission application, parent interview, and the psychological evaluation help us get to know the child and whether or not our reasoning-based approach would be appropriate for him or her. We appreciate receiving any information which helps us to make informed decisions regarding the placement of

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