



Children's Dyslexia Center of Bangor
Laurie Marcotte, CALP-ICALP
Center Director

294 Union Street, Suite 3
Bangor, ME 04401

Dear Families,

Thank you for your interest in the services provided by the Children's Dyslexia Center of Bangor. Enclosed you will find an application. A completed application, along with a copy of your child's most recent psychoeducational evaluation, can be submitted to the Children's Dyslexia Center of Bangor. The application packet should be mailed to:

Children's Dyslexia Center of Bangor
294 Union Street, Suite 3
Bangor, ME 04401

In order for us to determine whether your child meets our eligibility requirements, the psychoeducational evaluation you provide must contain cognitive measures no more than 3 years old and academic achievement measures no more than 2 years old. Cognitive measures required to determine admission are: *verbal comprehension*, *spatial ability*, and *fluid reasoning*. A cognitive measure for *perceptual reasoning* may replace both spatial ability and fluid reasoning measures. Academic achievement measures required to determine admission are: *real word reading*, *spelling*, and *passage comprehension*. Additional documentation such as speech/language evaluations, IEPs, or school-based reading assessments may also be submitted for consideration but are not required to determine eligibility.

Your child's application will be processed when all documents, with required scores, have been submitted. Please allow two weeks for your child's application to be processed. You will be notified of our decision by mail. If your child is accepted into our program, his/her name will be placed on our waitlist on the date the admission decision was made. There is a possible wait for services of ten to twelve months.

If you would like to check your child's waitlist status or if you would like to remove your child's name from the waitlist, you can contact the office. We can be reached at 990-2277 or by email at bangor@cdcinc.org Mondays through Thursdays.

If you have any additional question pertaining to the application process, admission requirements or our student intervention methodology, do not hesitate to contact the center.

Sincerely,

Laurie Marcotte, CALP-ICALP
Center Director

The Children's Dyslexia Centers Inc. is a tax-exempt 501(C)(3) charitable organization.





Admission Application

Center Location: Bangor

Date: _____

Child's Name: _____ Age: _____ Birthdate: _____

Has this child applied for services at the Bangor location in the past? Y___ N___

Has this child received services from another Children's Dyslexia Centers, Inc. location? Y___ N___

If yes, list center name: _____

Center use: child's ID # _____ previous center

Child's Parent(s) or Guardian(s): _____

Address: Street/P.O. Box: _____

City/Town: _____ State: ME Zip: _____

Email: _____

Phone #: (cell) _____ (home) _____

Child attends: public school _____ private school _____ homeschooled _____

Child's School: _____

School District: _____ City/Town _____

Grade: _____ *(If filling out this application in June, July, or August, enter the grade the child will be entering in the fall)*

Child is: Right Handed _____ Left Handed _____ / Male _____ Female _____

Has the child completed an eye exam recently? Y___ N___ If yes, exam date: _____

Results: _____

Has the child completed a hearing test recently? Y ___ N___ If yes, exam date: _____

Results: _____

Is English the child's primary language? Y___ N___ If no, what other languages does the child speak?

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Does the child have any behavioral challenges? Y ___ N___ If yes, please describe: _____

Does this child have any other known medical issue(s) that impacts their ability to learn? If yes, please describe: _____

Is there a history of dyslexia in the child’s family? Y ___ N___ If yes, indicate which family member(s):

Mother___ Father___ Sibling___ Grandparent___ Aunt/Uncle___ Cousin

Is there a history of ADD/ADHD in the child’s family? Y ___ N___ If yes, indicate which family member(s):

Mother___ Father___ Sibling___ Grandparent___ Aunt/Uncle___ Cousin

Is there a history of other learning challenges in the child’s family? Y ___ N ___ If yes, indicate which family member(s):

Mother___ Father___ Sibling___ Grandparent___ Aunt/Uncle___ Cousin

A copy of a complete psychoeducational evaluation is required along with this application. Minimally the evaluation should include cognitive scores for verbal comprehension, fluid reasoning, visual/spatial ability and academic achievement scores for word reading, passage comprehension and spelling.

Is a copy of the child’s psychoeducational evaluation that is no older than 3 years is provided? Y___ N___

Release of Information for Research

I understand that information provided to the Children’s Dyslexia Centers, Inc. as part of the application process may be used in research and hereby give my consent. It is my understanding that my child’s last name will not be used, and that the data will be confidential. I further understand that this consent will not affect the Children’s Dyslexia Center of Bangor’s decision on my child’s acceptance into the program.

Parent/Guardian’s signature

Date

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Voluntary Survey

How did you learn of our program? Check all that apply:

- Recommendation by psychologist included in child's psychoeducational evaluation
- Child's primary care physician
- Child's speech/language pathologist
- IEP team
- Special Education teacher
- Classroom teacher
- Other school staff
- Family member of a Children's Dyslexia Center of Bangor graduate
- Family member of a current student of the Children's Dyslexia Center of Bangor
- Member of the Scottish Rite or Anah Temple Shriners
- Other _____

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