

# compass reading center

navigating multisensory structured language



Dear Parent:

This letter acknowledges your interest in having your child considered for admission to the Compass Reading Center. This center provides multi-sensory reading instruction at little cost to the family.

The application process requires that you complete and return the enclosed application and submit documentation provided by a licensed professional, which includes a diagnosis of “Learning Disability” as well as the results of the test on which this diagnosis was made. Results from a current battery of tests (within the last three years) are most helpful for evaluating whether this program is appropriate for your child. This battery will usually include results of both Psychological Testing, including a test of intelligence, and a Learning Evaluation, which includes test results in reading and other areas of achievement. Many children have had, or are eligible to have, these evaluations conducted by their school district.

As soon as we have received all required materials, your child will be placed on the waiting list for the Center. When an opening occurs, you will be requested to bring your child for an evaluation by the Center Director to determine your child’s eligibility for the services offered by the program. Prompt submission of all required materials will facilitate your child’s placement on the waiting list and eventual screening by the Center Director.

- Please forward:
- Completed Application
  - Report of Psychological Testing
  - Report of Learning Evaluation

To

Jill Merritt, Ph.D., Center Director  
Compass Reading Center  
4701 Old Zuck Rd.  
Erie, PA 16506

Should you have any questions about the program or the application process, please call me at (814) 838-2405. I am hopeful our program will benefit your child.

Sincerely,

**Jill Merritt**

Jill Merritt, Ph.D., Center Director



**Compass Reading Center, Inc.**  
PO Box 9813, 4701 Old Zuck Road, Erie, PA 16505-8007  
Phone: 814-838-2405  
Hours of operation: T/Th 3:30-7:00 pm

*So you want to know more about **enrolling your child** as a student at the **Compass Reading Center**...*

- Students must have a **“dyslexia” or “learning disability” diagnosis** from either the school district or a licensed professional; we do not diagnose children at the Compass Reading Center.
- Students **must be of average intelligence**, reflected in an IQ test.
- The following needs to be provided with the Center application: any **IEP** that has been written for the child, copies of **Psychological Testing results**, and a **Learning Evaluation**.
- The **waiting list** is generated on a first-come first-served basis.
- New student intake generally occurs in the fall. However, students may be admitted during the year due to tutor availability.
- Fees involved include an upfront testing fee and a non-refundable semester fee (Fall and Spring), payable in advance each semester. Monthly payments will now be accepted. Partial and full scholarships may, based on financial need, be available.
- All of our tutors have at least a bachelor’s degree and many have a master’s degree.
- Students will be **tutored in the Orton-Gillingham** multisensory structured language approach.
- The average time spent in the program is **two years**. A third year can be added at the Center’s discretion.
- Each student is entitled to **two one-hour lessons per week** (28 lessons in the fall, 28 lessons in the spring, and 12 lessons in the summer - when available). Lessons are on a one-to-one basis. Make-up days/times are available if needed.
- You must call the child’s tutor and the Center if your child is unable to attend for any reason. Two absences without a call during the semester will result in the child being dropped from services.



**ADMISSION APPLICATION**

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Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Male Female

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Has child been evaluated? Yes No If yes, please send copy of evaluation.

Evaluator's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Authorization to check reference: (Parent's signature) \_\_\_\_\_

Is there a history of learning problems in the family? Yes No

If yes, what are they? \_\_\_\_\_

Describe your child's learning problem(s) \_\_\_\_\_

Does your child know the alphabet (If 5 or 6 years old) Yes No

Can your child write his name Yes No Handedness Left Right

Does your child understand words? Yes No Questions? Yes No

Directions? Yes No

**ADMISSION APPLICATION**

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How well do other people understand your child's speech? \_\_\_\_\_

Do you know of any other problems, including medical? Yes No

If yes, what are they? \_\_\_\_\_

Most recent eye exam date \_\_\_\_\_ Results \_\_\_\_\_

Hearing exam date \_\_\_\_\_ Results \_\_\_\_\_

Does your child have behavioral problems in school? Yes No

If yes, what are they? \_\_\_\_\_

Is English the child's primary language? Yes No If no, what is? \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Siblings / Ages \_\_\_\_\_

Interests \_\_\_\_\_

**Release of Information for Research**

I understand that information provided to the Center 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 data will be confidential. I further understand that this consent will not affect the Center's decision on my child's acceptance into the program.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)