

The Bradford L. Dunn Institute Summer School Program Application 2005

We use a **ROLLING ADMISSIONS** process to determine acceptance; please get your application in as soon as possible, well before the May 1st deadline. To apply:

- ❶ Fill application below and all other forms (health, enrollment agreement, etc.)
- ❷ Send a *copy* of the following (**please do not send us original evaluations!**):
 - ✓ most recent evaluation
 - ✓ most recent report card
 - ✓ teacher recommendation (optional - form enclosed)
 - ✓ a current writing sample
- ❸ Send completed materials, with a **\$150 deposit** payable to *The Bradford L. Dunn Institute* to:
 - Summer School Director
 - The Bradford L. Dunn Institute
 - 144 Waterman Street, Suite 1
 - Providence, RI 02906
 - ⇒ Application deadline is **May 1, 2005**
 - ⇒ **Balance is due upon acceptance**
 - ⇒ If your child is not accepted into the program, your deposit will be refunded in full (see *Enrollment Agreement* for other terms & conditions)

✂ Cut here & return bottom portion

Student's Name _____ Date of Birth _____ Entering Grade _____

Current School _____
 Public Parochial Independent
 (Circle one)

Parents' Names _____

Address _____

Phone (H) _____ (W) _____ (Mobile) _____ E-mail _____

Please check (✓)	PROGRAM	JULY	AUGUST	FEE
	O-G-based Language Arts & Written Expression (Gr. 2,3,4,5)	11 - 19	19	\$1,990
	Writing Workshop & Mathematics (Gr. 4&5)	11 - 29		\$1,050
	Writing Workshop & Mathematics (Gr. 4&5)		1 - 19	\$1,050
	Study Skills & Writing Workshop (Gr. 6&7)	11 - 29		\$1,050
	Middle School Math Preparation (Gr. 6&7)	11 - 29		\$1,050
	Middle School Math Preparation (Gr. 6&7)		1 - 19	\$1,050
	Extended morning	11 - 19	19	\$ 300
	Extended morning	11 - 29		\$ 150
	Extended morning		1 - 19	\$ 150
	Speech & Language	11 - 29		\$ 500
SUBTOTAL	<i>Write in the subtotal of selected programs</i>			
DEPOSIT	<i>Subtract deposit from subtotal</i>			- \$ 150
TOTAL	<i>This is the balance due upon acceptance</i>			

Other Important Information

✍ We have a **ROLLING ADMISSIONS POLICY**: we review applications and make a determination as they come in. There is an application deadline of **May 1, 2005**, but we encourage you to submit your application as soon as possible. *First come, first served does not mean automatic acceptance into the program.* Our decision is based on appropriate match of student need to the program curriculum and scope, as well as space. We are very clear and direct, should your child not be accepted into the program, so you will know the reasons behind the decision.

✍ Classes *are* in session through the Rhode Island Victory Day holiday on Monday, **August 8th**.

✍ If you are interested in our 6-week program, but you are planning to be away for 1 week or more of that time, your child will not receive the greatest benefit from our program and we recommend seeking alternative solutions.

✍ Because serious allergies are common within our student population, the Institute cannot provide refreshments - please provide your child with a nutritious daily snack and a water bottle (can be refilled on campus).

✍ If you have selected the Speech & Language offering or are combining the Institute Program with Wheeler Summer Camp, please note that we do not provide lunch. If your child is attending Camp, there is a lunch option - see Camp materials.

Your Institute Summer School experience will include:

- ✍ **Reference Notebook** - A personalized guide of learned strategies and reminders for the classroom created by the student under teacher guidance
- ✍ **Parent/Teacher Conference** - Parents of **six-week** participants meet with the teacher for a brief conference after three weeks to review progress, express concerns and ask questions
- ✍ **Full Progress Report** - Identifies specific strengths, tracks progress and suggests areas on which to concentrate, with program recommendations and family activities to reinforce concepts
- ✍ **Tutor Referrals** - Access to a wide range of experienced local tutors to continue the work started

The Bradford L. Dunn Institute Summer School Program 2005

Because learning differences don't stop when the school year ends...



Multisensory, systematic, fun summer programs for students

July 11 - August 19, 2005

The Bradford L. Dunn Institute
 Outreach for Learning Differences
 144 Waterman Street, Suite 1
 Providence, RI 02906
(401) 751-7049

Fax: (401) 751-7539 • www.dunninstitute.org

Brochure & Application

The Bradford L. Dunn Institute Summer School Philosophy

The Dunn Institute Summer School program offers an enjoyable educational experience for bright students with learning differences which affect their classroom performance.

The program is ideal for students who need introduction to intensive reading, writing, spelling, math, and/or organizational strategies, as well as those who need to maintain these learned skills throughout the summer months.

Building self-esteem

Even the most reluctant summer students quickly discover the power of meeting and befriending other students who share their struggles and strengths; by day two, under the guidance of caring, energetic, knowledgeable teachers, they realize learning can be fun and accessible; ultimately, they begin to understand how intelligent and talented they really are.

Low teacher/student ratio

Each class is kept deliberately small (typically 4 to 6 students per teacher) to ensure individualized attention.

Experienced director and staff

Our Summer School Director selects the entire Summer School staff carefully to include experienced, dynamic, qualified teachers who approach teaching in a multisensory, systematic, individualized way.

Summer curriculum

This year, we are offering programs for students entering grades 2 - 7. Please refer to the application portion of this brochure for details.

Financial Aid

Financial Aid applications are available upon request.



Program Hours & Fees

The regular hours for all programs are:

8:45 a.m. - 11:15 a.m.
Monday - Friday

\$1,990 (6 weeks, includes \$150 deposit)

\$1,050 (3 weeks, includes \$150 deposit)

Location

All Institute classes are held at The Hamilton School at Wheeler, 210 Angell Street, Providence, RI 02906.

Options

Other “add-on” options include:

Extended Morning

7:45 a.m. - 8:45 a.m. & 11:15 a.m. - 12:15 p.m.

We’ve made it more convenient for your work schedule. Now you can drop off your child at 7:45 a.m. and pick up by 12:15 p.m. Students will be able to participate in a rotating selection of activities that build as the week progresses, rounding out their core academic program with team games and activities.

\$150 (3 weeks) or **\$300** (6 weeks)

Speech & Language Workshop

12:00 p.m. - 1:00 p.m., 3 days a week, for 3 weeks

This program was designed for students who need additional support in articulation, vocabulary development, verbal interaction, and other speech & language-related topics. Enrollment in this program is very limited (maximum of 6 students) and certain criteria must be in place. Call for more details.

\$500

Wheeler Summer Camp

Many Institute Program participants enjoy combining our program with afternoons at the Wheeler Summer Camp at the Farm in Seekonk, MA. Transportation is provided to and from the Farm. The weekly fee for Camp is pro-rated, but is paid for separately.

\$160/wk

Course Descriptions*

**All programs are contingent upon enrollment and staffing. We will inform you of a session cancellation in a timely manner.*

Grades 2 & 3

Grades 4 & 5 (6 weeks)

Orton-Gillingham-based Language Arts

July 11 - August 19

Students are exposed to six weeks of systematic, phonemically-based, multisensory instruction to facilitate “decoding” the English language. These techniques assist with reading, writing and spelling. Areas covered include specific sound-symbol relationships of vowels and consonants, syllable types, and some spelling rules. The depth of coverage depends on the experience of the students (i.e. more advanced students may delve into areas such as layering to decode multisyllabic words, prefixes and suffixes, and more complex spelling rules).

Grades 2 & 3

Grades 4 & 5 (6 weeks)

Written Expression

July 11 - August 19

Students engage in daily writing assignments to strengthen their understanding of basic sentence structure, paragraph format, correct punctuation, capitalization, proofreading, and penmanship. Some of the work done in the first half of the morning will be incorporated into this portion to cement concepts and reinforce cause-and-effect in learning. Computer work may be included.

Grades 4 & 5 (3 weeks - choose one)

Writing Workshop

July 11 - 29 OR August 1 - 19

This course explores the mechanics of editing, proofreading and polishing written work. It will also provide concrete strategies and techniques to improve writing. Assignments will focus on areas of interest for the student whenever possible. Some work will be done with computers.

Grades 4 & 5 (3 weeks - choose one)

Mathematics

July 11 - 29 OR August 1 - 19

This program presents strategies and manipulatives for efficiency in multiplication and division, fractions, and problem-solving. Some work may be review for students, providing alternate approaches to facilitate retrieval and manipulation of facts.

As the demands on students for information retrieval, increased comprehension, and longer, more complex assignments intensify during the middle school years, the Institute Summer Program focuses on the following crucial areas:

Grades 6 & 7 (3 weeks)

Study Skills

July 11 - July 29

This course includes notetaking, outlining and highlighting techniques; test-taking strategies for essay questions, true/false and multiple-choice tests; and organizational techniques for planning long-term assignments.

Grades 6 & 7 (3 weeks)

Writing Workshop

July 11 - July 29

The goal of this offering is to improve writing skills and mechanics through paragraph structure and modeled writing; this includes a practical look at the most common grammatical and mechanical errors to improve accuracy, as well as self-assessment/critique techniques of written work.

Grades 6 & 7 (3 weeks - choose one) *Middle School Math Preparation* **July 11 - 29 OR August 1 - 19**

This workshop focuses on fractions, decimals, and percents - adding, subtracting, multiplying, and dividing, finding common denominators, working with mixed numbers and improper fractions. Students will also work with coordinate-graphing, solving for unknown variables, and integer operations. The course is also designed to fill gaps depending on the students’ needs.

BLDI Summer School APPLICATION QUESTIONNAIRE FORM

(Be sure to fill out the back of all forms)

*Please respond to each of the following questions
(use a separate sheet, if necessary):*

1. Please describe your child's academic strengths and weaknesses.

2. Are there any special circumstances (physical, emotional, etc.) of which we should be aware?

3. What do you hope to gain for your child from this program?

4. Has your child received any extra help in school (tutoring, resource, etc.)? If so, please explain the type of help and the timeframe.

5. Has your child received Orton-Gillingham support? If so, how much and how often? (Please be very specific, i.e. 1xwk, 2xwk for six months, etc.)

6. Has your child been evaluated as a result of academic difficulties? If so, what tests were given? Where were the tests administered and by whom?

7. Has your child repeated a grade? If so, which grade?

8. Is your child currently taking any medication? If so, please answer "yes" or "no," then indicate specifics.

9. Is there any other information you would like to share with us?



BLDI Summer School MEDICAL INFORMATION FORM

Student Name _____ Date of Birth _____

Grade _____

Physical Exam: Date of last physical exam _____

Height _____ Weight _____ **Immunization UPDATE**

B/P _____ Pulse _____ DTP/Td/DT _____

Respiration _____

Visual Acuity: Right _____ Left _____

Hearing _____ Scoliosis _____

Other physical findings: _____

Polio _____

Allergies _____

Allergic response _____

Treatment _____

MMR _____

PPD _____

PLEASE COMPLETE THE MEDICATION FORM ON THE BACK EVEN IF THE

MEDICATION IS NOT GIVEN DURING

THE PROGRAM.

Hib _____

Hep B _____

Varicella _____

Rotavirus _____

Pb screen _____

Other () _____

Is s/he able to participate in all school activities, including recess, physical education and sports? Yes No (If "No," please enclose separate explanation with support guidelines)

Other concerns: _____

Physician Signature _____ Date _____

Physician Address _____

Physician Telephone _____



BLDI Summer School EMERGENCY AUTHORIZATION FORM

This form will be used to give permission to treat your child in an emergency situation. The Bradford L. Dunn Institute will use this form for its Summer Program, which includes academic programming and recess. It is understood that every attempt will be made to contact parents. (Please note that parents will be responsible for all costs associated with the emergency care of their children.)

Student's Name _____ DoB _____
(Last Name) (First Name) Grade _____

Address _____
(Street) (Town or City) (State) (Zip)

Parent or Legal Guardian #1 (parent with whom child resides)

Name _____

Home Phone _____ Work # _____ Beeper # _____
Mobile # _____

Parent or Legal Guardian #2

Name _____

Home Phone _____ Work # _____ Beeper # _____
Mobile # _____

Additional authorized person(s) who may take responsibility for your child if you are not available in an emergency (be sure to include baby-sitters and nannies):

#1 Name _____

Relationship to child _____ Phone _____

#2 Name _____

Relationship to child _____ Phone _____

#3 Name _____

Relationship to child _____ Phone _____

Doctor's Name _____ Phone _____

Address _____

Known allergies (medications, food & environmental) _____

Date of last Tetanus injection _____

Pertinent information (history of disease, blood pathogens, current medications, etc.):

Name of insured _____

Insurance carrier _____ Member # _____

PERMISSION TO TREAT: I hereby grant the Director of the Summer Program of The Bradford L. Dunn Institute, or its authorized representatives, to furnish such medical care as (name of student) _____ may require, including examinations, treatment, immunizations, and so forth. This permission is conditioned upon the understanding that in the event of serious illness or the need for hospitalization and/or major surgery, the Director will use all reasonable efforts to contact me. I understand that I am responsible for any costs incurred during an emergency.

Signature of Parent or Guardian **Date**

BLDI Summer School DISMISSAL FORM

			Student Name(s)	CARPOOL INFO	Driver 3	Driver 2	Driver 1				Grade	Driver Name(s)	Schedule	Phone (Home)	Phone (Work)	Phone (Cell)

Other Information:



BLDI Summer School MEDICATION POLICY: LONG-TERM

In order for medication to be given to students at The Hamilton School at Wheeler during the Dunn Institute Summer Program on a long-term basis (more than 2 weeks), the following form must be signed by parents and completed by the physician. Please specify all medication (including inhalers and epipens) and all dosages even if not given during the program.

DOCTOR'S ORDER

I request that the following be administered to my patient as directed:

Medication _____	Medication _____
Amount & Time _____	Amount & Time _____
Side Effects _____	Side Effects _____
Diagnosis _____	Diagnosis _____
Special Instructions _____	Special Instructions _____

Medication _____	Medication _____
Amount & Time _____	Amount & Time _____
Side Effects _____	Side Effects _____
Diagnosis _____	Diagnosis _____
Special Instructions _____	Special Instructions _____

A PRESCRIPTION AND THE CORRECTLY LABELED ORIGINAL PRESCRIPTION BOTTLE MUST ACCOMPANY MEDICATION IN ORDER FOR MEDICATION TO BE ADMINISTERED.

I, as physician of *(Name of Student)* _____
assume responsibility for medication given and do so direct it to be
given as ordered above.

_____	_____
Date	Signature of Physician
_____	_____
Phone	(Please print physician's name)

Parent agreement:

- I have read the Dunn Institute/Wheeler School Health Center Policies regarding medications to be given during the Institute Summer Program, I agree with the above information and permit The Bradford L. Dunn Institute nurse to administer the prescribed medication as ordered.
- I understand that it is my responsibility to notify the Dunn Institute of any change in my child's health status, including his/her medication regimen.
- I understand that the prescribed medication must be delivered to the Institute in the original prescription bottle and a signed order form from the physician must accompany the prescription in order for the medication to be administered.

Parent signature Date



BLDI Summer School ENROLLMENT AGREEMENT FORM

(Must be signed by parent or guardian)

- I understand that my child may not attend the Dunn Institute Summer School unless completed forms are received prior to my child's arrival.
- I understand that it is my responsibility to bring any special concerns about my child to the Director's attention at the time of registration or as they occur.
- I authorize the Dunn Institute or its affiliates to have, use, publish and reproduce photographs, slides, moving pictures or video tapes of my child for its records or publication efforts.
- The Dunn Institute and its staff will make every effort to provide for the safety of my child; however, I recognize that there are inherent risks associated with summer school recess activities.
- If combining the Dunn Institute Summer School with the Wheeler Camp programs, I grant permission for my child to participate in Wheeler Camp organized activities and clinics (as applicable), including off-campus transportation to the Wheeler Camp.
- I have read the Dunn Institute Summer School registration form. I understand and accept the program's policies concerning registration fees, tuition and terms of enrollment.
- I grant permission for the nurse on duty, or the Dunn Institute's authorized representatives, to furnish medical care to _____ *(child/children)* as the situation may warrant, including examination, treatments, etc. In the event of serious illness or injury, requiring hospitalization and/or surgery, the Director will use all reasonable means to contact me. The Dunn Institute is not responsible for any debt incurred while medically caring for a student.
- I understand the Director reserves the right to dismiss a student when in her/his judgment the student's behavior interferes with the rights of others, the smooth functioning of the group or activity, or violates the Institute's principles of conduct.
- I understand that the Dunn Institute may alter the content and nature of its program as deemed appropriate in a continual effort to improve its offerings and operations.
- **I understand that the Dunn Institute will not issue refunds or credits after July 1, 2005 for its academic programs.**
- I understand that Dunn Institute Summer School tuition must be paid in full prior to my child/children attending school. **Any additions to the original registration after May 20 will require full payment at that time.**
- I understand that there is a penalty fee for late pick-up of my child. **This fee is \$20 per 10 minutes, beginning 30 minutes after the 11:15 dismissal time (or after the 12:15 extended morning time).**

Signature _____
Date _____