

**SCHOOL FOR LANGUAGE  
AND COMMUNICATION DEVELOPMENT  
MIDDLE SCHOOL  
70-24 47<sup>th</sup> Avenue, Woodside, NY 11377  
Tel: (718) 476-7163 Fax: (516) 609-2017 www.slcd.org**

## **MIDDLE SCHOOL APPLICATION GRADES 6, 7, 8**

### **Admissions Procedure**

#### **Open Houses**

Informative open houses are held during the winter and spring. These morning meetings give parents the opportunity to learn about our unique programs.

Please contact the school to arrange participation in our open houses:  
(516) 609-2000, ext. 210.

The application is a two-step procedure.

#### **Step 1.**

Candidates for admission will be considered only after the following have been received:

1. A completed application form.
2. Evaluations
  - a. Educational and Psychological Evaluations (within 12 months)
  - b. Speech Evaluation (within 12 months)
  - c. Other relevant reports
3. Release Forms (Transcripts and Medical) sent to appropriate sites
4. Questionnaires for Teachers/Therapists
5. Current IEP
6. \$125.00 Nonrefundable Processing Fee

Upon receipt of the above, the packet will be reviewed by the Admissions Committee. Please note that our admissions procedure is time intensive. Professionals from SLCD provide their expertise in reviewing all applications. Selection for Step 2 is based upon this review and determination of appropriate openings.

#### **Step2.**

The second step will be scheduled for selected students. This consists of a student evaluation and a family interview. This will be scheduled for some applicants following the initial review.

Students are accepted when an appropriate opening becomes available for the following year.

For an application, please contact the School for Language and Communication Development by

Telephone: (516) 609-2000, ext. 210  
Fax: (516) 609-2017

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## **MIDDLE SCHOOL APPLICATION GRADES 6, 7, 8**

### **Request for Release of Information**

Dear Parent:

Please complete this section and send it to SLCD and all professionals who work with your child. (This form can be photocopied.)

Your child's application will be reviewed when all the reports are received.

I give \_\_\_\_\_ permission to release information  
(Name)

regarding my child, \_\_\_\_\_, to the School for Language and  
(Name)

Communication Development.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

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To the School or Professional:

The parents/guardians of the above-named child have applied for admission to The School for Language and Communication Development. Please send the following information, where applicable, to the address or fax number below:

- Recent evaluations/progress reports from the Speech/Language Pathologist, Psychologist, and Educator/Teacher.
- If applicable, recent reports from the Neurologist, Occupational Therapist, Psychiatrist, Physical Therapist, et.al.
- Current IEP and goals.

Attention: Dr. Helene Mermelstein  
SLCD  
100 Glen Cove Avenue  
Glen Cove, New York 11542  
Fax: (516) 609-2017