



MAIN APPLICATION FORM

The completed form should be submitted along with a **copy of client's B/C**, and **reports given by a psychologist, occupational therapist or speech and language therapist (if any)**, to:

Any DAS Learning Centre nearest to you (Website: www.das.org.sg; Tel: 6444 5700)

With effect from Apr 2017, please note a non-refundable application fee of \$53.50 will be collected (for assessments only). This can be paid via cheque or NETS at DAS Learning Centres, or via cheque if you are posting the application.

1. CLIENT'S DETAILS

DAS Ref:

[Please attach
a photo of
client here]

Name: _____
Surname

_____ *Given Name(s)*

Date of Birth: _____
DD/MM/YY

Age: _____

B/C No.: _____

Religion: _____

Nationality: _____

Gender: Male / Female

Ethnicity: Chinese / Malay / Indian / Caucasian Others (Please specify: _____)

Address: _____

School /
Employment: _____

Level: _____ Session: am / pm

Secondary: Express / Normal (Academic) / Normal (Technical)

CONTACT DETAILS

Who should the DAS contact to discuss your client's case or arrange a time for the assessment?

Name: _____ Tel: _____ (H/HP)

Email address: _____

In which language would you prefer to speak with us? _____

REFERRAL SOURCE

Where did you hear about the DAS's services?

- Internet (DAS/Other websites) Public Screenings (please specify venue): _____
 Awareness talks (please specify venue): _____ Media (news, radio, newspapers)
 Word of mouth from: teacher / friend / relative / tutor Others (please specify): _____

2. FAMILY BACKGROUND

MOTHER or main caregiver

Name: _____

Address (if different from Client's):

Tel: _____ (H) _____ (HP)

Email: _____

Preferred means of Contact: _____

Marital Status: Single / Married / Divorced / Widowed

Highest Qualification:

- Primary Diploma
 Secondary Graduate
 'A' Levels Post-Graduate
 Others: _____

Occupation: _____

Organisation: _____

Working hours:
(for contact purpose)

FATHER or main caregiver

Name: _____

Address (if different from Client's):

Tel: _____ (H) _____ (HP)

Email: _____

Preferred means of Contact: _____

Marital Status: Single / Married / Divorced / Widowed

Highest Qualification:

- Primary Diploma
 Secondary Graduate
 'A' Levels Post-Graduate
 Others: _____

Occupation: _____

Organisation: _____

Working hours:
(for contact purpose)

MOTHER or main caregiver	FATHER or main caregiver
Gross Monthly Income (before CPF deduction): <input type="checkbox"/> Below \$2000 <input type="checkbox"/> Between \$2000-\$3000 <input type="checkbox"/> Between \$3001-\$4000 <input type="checkbox"/> Above \$4000	Gross Monthly Income (before CPF deduction): <input type="checkbox"/> Below \$2000 <input type="checkbox"/> Between \$2000-\$3000 <input type="checkbox"/> Between \$3001-\$4000 <input type="checkbox"/> Above \$4000

3. SIBLINGS OF CLIENT

Name(s)	School	Level	Sex	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there any family members with reading and writing difficulties? (please provide details that you are aware of)

Any significant family changes that took/is taking place?

4. MAIN CONCERNS

Please indicate the purpose of this referral:

1. Assessment

What are the main concerns with regard to Client's development?

<input type="checkbox"/> Learning	<input type="checkbox"/> Literacy (Reading, Spelling, Writing)
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Speech / Language
<input type="checkbox"/> Social skills	<input type="checkbox"/> Behaviour (e.g. inattention / hyperactivity / tantrums)
<input type="checkbox"/> Motor skills	
<input type="checkbox"/> Adaptive Skills	
<input type="checkbox"/> Others (please specify) _____	

Please elaborate on Client's social skills:

(Does he/she make friends easily? Aware of how others see him/her behaviour? Aware of one's consequences? Interactions with family, friends and teachers?)

Please elaborate on Client's mathematical abilities:

(Is he/she slow with number facts? Has difficulty understanding math problems? Any difficulties in everyday management of money, time & organization?)

Please elaborate on Client's reading and writing skills:

(Attitude towards reading & writing? Does he/she read for pleasure? How accurate is his/her reading? Does writing cause fatigue?)

2. Enrolment into Main Literacy Programme (MLP)*

**Note that a psychological report stating a diagnosis of dyslexia needs to be submitted for enrolment into the MLP. Please be advised that each Client is eligible to attend only one MOE-funded programme. Parents are therefore required to inform the DAS if Client is attending the School-based Dyslexia Remediation (SDR) programme or if there is an intention to enrol Client in SDR as each Client is only entitled to attend either the SDR or the MLP.*

3. Enrolment into other DAS programmes

- | | |
|--|---|
| <input type="checkbox"/> Chinese Programme | <input type="checkbox"/> English Exam Skills Programme |
| <input type="checkbox"/> Maths Programme | <input type="checkbox"/> Speech and Drama Art Programme |
| <input type="checkbox"/> Preschool Programme | <input type="checkbox"/> Specialist Tutoring Programme |
| <input type="checkbox"/> Speech and Language Therapy | |

*(Please note that additional charges are required for these programmes/therapies, and that admissions to these programmes/therapies are subject to selection criteria and/or availability. The responses you have made here are for **indication of interest** and **not actual application** into the various programmes)*

5. EDUCATIONAL HISTORY / SUPPORT

Please provide details if your client has received additional support in/outside of school:

		Date (start) <i>Month/ Year</i>	Date (end) <i>Month/ Year</i>
<u>Preschool</u>			
External Phonics Programme	_____ (hrs per week)	____ / ____	____ / ____
Focused Language Assistance in Reading (FLAIR)	_____ (hrs per week)	____ / ____	____ / ____
Development Support Programme (DSP)	_____ (hrs per week)	____ / ____	____ / ____
Early Intervention Programme for Infants & Clientren (EIPIC)	_____ (hrs per week)	____ / ____	____ / ____
Others:	_____ (hrs per week)	____ / ____	____ / ____
<u>Primary to Tertiary</u>			
Learning Support Programme (LSP)	_____ (hrs per week)	____ / ____	____ / ____
School-based Dyslexia Remediation Programme (SDR)	_____ (hrs per week)	____ / ____	____ / ____
Supplementary/Remedial lessons (Subject: _____)	_____ (hrs per week)	____ / ____	____ / ____
Supplementary/Remedial lessons (Subject: _____)	_____ (hrs per week)	____ / ____	____ / ____
Others (e.g. Tuition, Allied Educator):	_____ (hrs per week)	____ / ____	____ / ____

Please provide details of the school(s) Client has attended (eg. did/didn't go well & why):

Please attach samples of Client's compositions/essays, school results and reports. Where possible, please provide result slips of national or school exams. If these are unavailable, please give us an indication of Client's grades:

	English	Mother Tongue	Mathematics	Science
This Year	_____	_____	_____	_____
Last Year	_____	_____	_____	_____

What do Client's teachers say about him/her?

6. PREVIOUS ASSESSMENT/ DIAGNOSES

Have you consulted any professionals regarding Client's difficulties?

No Yes, I have consulted the following professionals (please indicate):

	Name	Organisation	Date <i>From (MM/YY) - To (MM/YY)</i>
<input type="checkbox"/> Speech/Language Therapist	_____	_____	- _____
<input type="checkbox"/> Occupational Therapist	_____	_____	- _____
<input type="checkbox"/> Psychologist	_____	_____	- _____
<input type="checkbox"/> Psychiatrist	_____	_____	- _____
<input type="checkbox"/> Audiologist	_____	_____	- _____
<input type="checkbox"/> Optometrist/Ophthalmologist	_____	_____	- _____
<input type="checkbox"/> Others (please specify)	_____	_____	- _____

Did you receive a written report from any of these professionals?

No Yes (Please attach a copy of the report)

What has been done as a result of consulting with these professionals?

9. PERSONAL DATA PROTECTION ACT: CONSENT FORM

In accordance with the government's policy on achieving a balance between the need to protect your personal information and the organisation's need to acquire such information for business purposes, we seek your **clear and unambiguous** consent to collect, use, disclose, and process yours and Client's personal information set out in this Main Application Form and any other ancillary or subsequent Forms completed, and/or otherwise provided by you to our organisation. Kindly visit the PDPA website at <http://www.pdpc.gov.sg> for more information.

I hereby acknowledge and consent to the Dyslexia Association of Singapore (DAS) for obtaining, using, and disclosing mine and Client's personal information (including disclosing to DAS affiliated organisations where necessary) **via short message service (SMS), phone call, email, and mailing address** for the following purposes:

- (a) by making this application, we understand we are agreeing to processing your application for and providing you with the services of the Dyslexia Association of Singapore; Yes No
- (b) *using yours and/or Client's information for research purposes; Yes No
- (c) **directly communicating with professionals/organisations who had previously worked with Client; Yes No
- (d) ***notifying the Ministry of Education (MOE) and Client's School. Yes No

IMPORTANT

*You have the right to refuse the usage of Client's information for research without penalty. Your allowing of the use of the data is completely independent of your client receiving intervention at the DAS. The research we conduct will help us better improve the teaching of students with learning difficulties. Every precaution will be taken to protect yours and your client's privacy. All information you provide will remain confidential and will not be associated with yours and Client's name in any report of the results in a published work (e.g. scientific conference and/or peer-reviewed journal manuscript).

**In order for us to understand Client better, we would appreciate your approval to obtain further information and/or feedback Client's assessment results to professionals who have/are being consulted regarding your client's learning and development.

***Please note that if Client is placed in the Main Literacy Programme (MLP), Client's name will be given to the MOE and Client's School as a student attending DAS. His/her psychological report has to be made available to the MOE and Client's School. (i) This is because MOE pays for approximately 50% of the cost of MLP tuition. If you prefer not to have MOE notified, please be aware that the charge for Client's classes at the MLP will be approximately doubled as you will not be eligible for MOE funding. (ii) Please note that Client's psychological report has to be made available to their School if the School is paying DAS for these reports. (iii) Notifying Client's School allows the DAS to better partner with those involved in Client's education, and together, help Client to achieve.

Name of applicant/client (delete accordingly): _____

Signature: _____ Date: _____ Relationship to Client: _____

FOR OFFICIAL USE ONLY

- Official receipt number: _____ Payment amount/mode: _____
- No payment (Indicate reason: _____) MOE-FAS

PRESCHOOL LEARNING DIFFICULTIES CHECKLIST FOR PARENTS

This checklist is adapted from PRESCHOOL LEARNING DIFFICULTIES CHECKLIST FOR PARENTS (DAS). Please note- this checklist does not yield a total score to which a judgment can be made if a child has any learning difficulties.

Student's name: _____ Centre & Class: _____

Tick the column that best describes your student.

PRE-READING			
	Never	Sometimes	Always
1 Has difficulty learning to sing the alphabet song			
2 Has difficulty learning nursery rhymes			
3 Has difficulty picking up the sounds of letters despite repeated teaching			
4 Has difficulty isolating sounds in words			
5 Has difficulty blending sounds to make words			
6 Has poor auditory discrimination / mishears similar sounding words (e.g. bad/bed, fifteen/fifty)			
READING			
	Never	Sometimes	Always
1 Likes listening to stories but shows no interest in reading			
2 Guesses wildly at words			
3 Has difficulty recognising familiar words			
4 Substitutes words of similar meaning (e.g. road for street)			
5 Gets confused over similar-looking words (e.g. "on/no", "was/saw")			
WRITING & SPELLING			
	Never	Sometimes	Always
1 Has difficulty writing letters of the alphabet			
2 Has difficulty writing own name			
3 Has difficulty learning to spell			
4 Mirror-writes letters and numbers (e.g. b/d, p/q, m/w, 6/9)			
5 Has poor handwriting (e.g. poor formation, alignment of letters, or poor spacing)			
6 Writes poorly compared to spoken language ability			
7 Is noticeably more frustrated during reading/writing-related tasks as compared to during play time			

PRESCHOOL LEARNING DIFFICULTIES CHECKLIST FOR PARENTS

SPEECH			
	Never	Sometimes	Always
1 Started speaking later than other children			
2 Gets the sounds in words mixed-up (e.g. child says "beddy tear" for "teddy bear")			
3 Cannot seem to remember the labels for known objects			
4 Finds it difficult to express thoughts			
5 Communicates more with gestures rather than words			
6 Has difficulty telling and/or retelling a story in the correct sequence			
7 Says irrelevant things during conversations			
8 People who do not know your child well have difficulty understanding what he says			
MOTOR SKILLS			
	Never	Sometimes	Always
1 Is unusually clumsy			
2 Does not seem to be well-coordinated (e.g. difficulty catching a ball, skipping)			
3 Has difficulty colouring within lines			
4 Has difficulty cutting along lines with scissors			
GENERAL			
	Never	Sometimes	Always
1 Appears intelligent but is surprisingly poor in learning			
2 Finds it hard to carry out 2 or more instructions at a time (e.g. put the toys in the box then put it on the shelf) but is fine if tasks are presented one at a time			
3 Has difficulty keeping rhythm or clapping a simple rhythm			
4 Performs well on some days and poorly on other days for no apparent reason			
5 Has difficulty sitting still on a chair for more than 5 minutes			
6 Cannot concentrate for more than 20 minutes			
7 Cannot wait to take turns			
8 Has trouble interacting with peers			
9 Forgets names of friends, teachers, colours etc.			

PRESCHOOL PLACEMENT ASSESSMENT CHECKLIST

Instructions for Administrators

LETTER WRITING ABILITY

Objective: To check the child's ability to write lower case letters accurately.

Possible instructions for child: *"I would like you to write for me, as many letters as you can from a-z in the correct order. You can sing the ABC song to help you with this task."*

SIGHT WORD READING

Objective: To check the child's ability to read and identify sight words in isolation.

Possible instructions for child: *"I would like you to read as many of these words as you can."*

WORDS TO READ (LIST 1 - LIST 4)

Objective: To check the child's ability to read words either automatically or by blending, starting with List 1 - CVC words. (CVC refers to Consonant - Vowel - Consonant)

Procedure: There are 4 levels of words to read.

List 1 = Level 1 of words to read

List 2 = Level 2 of words to read

List 3 = Level 3 of words to read

List 4 = Level 4 of words to read

Start at the level where you think the child is most comfortable at. ***The child does not need to read the full list.*** If the child is able to read two words correctly from a given level, stop and proceed to the next level. **Stop the test when the child makes three consecutive mistakes.**

Example: If the child is able to read List 1 - CVC words, skip CVC and go straight to List 2 - CVCC words.

Possible instructions for child: *"Please read as many words as you can on this page."*

WORDS TO SPELL (LIST 5 - LIST 8)

Objective: To check the child's ability to spell words either automatically or by isolating individual sounds.

Procedure: There are 4 levels of words to spell for child to attempt.

List 5 = Level 1 of words to spell

List 6 = Level 2 of words to spell

List 7 = Level 3 of words to spell

List 8 = Level 4 of words to spell

Start at the level where you think the child is most comfortable at. ***Child does not need to spell the full list.*** If the child is able to spell two words correctly from a given level, stop and proceed to the next level. **Stop the test when the child makes three consecutive mistakes.**

*Administrator can repeat words, emphasise initial and/or ending sound to help the child as necessary.

Example: If a child is confident to spell CVC words, skip List 5 - CVC words and go straight to List 6 - CVCC words.

Possible instructions to child: *"I would like you to spell these words."*

HANDWRITING, LANGUAGE AND BEHAVIOUR

Information in these areas are gathered, based on the administrator's observation, whilst the child is engaged in each of the above tasks.

PRESCHOOL PLACEMENT ASSESSMENT CHECKLIST

Child's Name: _____ B/C No: _____

Assessment done by & date: _____ Level: N2 / K1 / K2 (current year)

Please tick one as appropriate.

LETTER WRITING ABILITY	0 to 10 correct	11 to 21 correct	22 to 26 correct	
Writing lower case letters in the balloons				
SIGHT WORD READING	0 to 6 correct	7 to 13 correct	14 to 20 correct	
Reading sight words correctly from list provided				
WORDS TO READ (LIST 1 - LIST 4)	None correct	1 correct	2 correct	3 correct
Reading CVC words (List 1)				
Reading CVCC words (List 2)				
Reading CCVC words (List 3)				
Reading CCVCC words (List 4)				
WORDS TO SPELL (LIST 5 - LIST 8)	None correct	1 correct	2 correct	3 correct
Spelling CVC words (List 5)				
Spelling CVCC words (List 6)				
Spelling CCVC words (List 7)				
Spelling CCVCC words (List 8)				
HANDWRITING	YES	NO	Comments, if any	
Poor pencil grip				
Legible handwriting				
LANGUAGE	YES	NO	Comments, if any	
Able to understand instructions				
Able to communicate				
BEHAVIOUR	YES	NO	Comments, if any	
Behavioural issues e.g. attention, task avoidance				

PRESCHOOL PLACEMENT ASSESSMENT CHECKLIST

Sight Word Reading- Test copy

Read the following sight words.

the	for
to	on
and	they
a	at
I	with
you	up
it	look
in	is
said	have
that	go

PRESCHOOL PLACEMENT ASSESSMENT CHECKLIST

Words to Read - Test copy (shown to the child)

List 1 : CVC words

hug

dot

lap

List 2 : CVCC words

desk

bind

tuft

List 3 : CCVC words

pled

grim

snob

List 4 : CCVCC words

chips

plush

whelp

Words to Spell - Test copy

Fold along this line

List 5 : CVC words

pin

sum

bag

List 6 : CVCC words

just

sift

hand

List 7 : CCVC words

from

glad

step

List 8 : CCVCC words

flush

chest

whisk

PRESCHOOL PLACEMENT ASSESSMENT CHECKLIST

Letter Writing Ability - Child's copy

Write within each balloon a lower case letter in alphabetical order.

A grid of 31 balloons arranged in 6 rows and 5 columns. The first five rows are full, each containing 5 balloons. The sixth row contains only 1 balloon on the left. Each balloon is an outline of a balloon with a small triangular tail at the bottom.

PRESCHOOL PLACEMENT ASSESSMENT CHECKLIST

Words to Spell - Child's copy (from List 5 - List 8)

Spell as many words as you can.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____