



# MAIN APPLICATION FORM

The completed form should be submitted along with a **copy of your child'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](http://www.das.org.sg); Tel: 6444 5700)

**With effect from Jan 2016, for applications to the MOE Aided DAS Literacy Programme, please note a non-refundable administrative fee of \$53.50 will be collected. This can be paid via cheque or NETS at DAS Learning Centres, or via cheque if you are posting the application.**

## 1. PERSONAL DATA PROTECTION ACT: CONSENT FORM

For more information on our PDPA Statement and Privacy Policy, please visit <http://das.org.sg/about-das/personal-data-protection>.

I give consent to Dyslexia Association of Singapore (DAS) to collect and use data from this application and assessment (if conducted) for the following purposes:

- (a) <sup>1</sup> for research
- (b) <sup>2</sup> to communicate with professionals/organisations who had previously worked with your child/ward
- (c) <sup>3</sup> notifying the Ministry of Education (MOE).

Yes       No

### **IMPORTANT**

<sup>1</sup> You have the right to refuse the usage of your child's information for research without penalty. Your allowing of the use of the data is completely independent of your child 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 you and your child's privacy. All information you provide will remain confidential and will not be associated with you and your child's name in any report of the results in a published work (e.g, scientific conference and/or peer-reviewed journal manuscript).

<sup>2</sup> In order for us to understand your child better, we would appreciate your approval to obtain further information and/or feedback your child's assessment results to professionals who have/are being consulted regarding your child's learning and development.

<sup>3</sup> Please note that if your child is placed in MOE-Aided DAS Literacy Programme (MAP), your child's name will be given to MOE as a student attending DAS. His/her psychological report has to be made available to the MOE. This is because MOE pays for approximately 50% of the cost of MAP tuition. If you prefer not to have MOE notified, please be aware that the charge for your child's MAP tuition will be approximately doubled as you will not be eligible for MOE funding.

Name: \_\_\_\_\_

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

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

Relationship to Child: \_\_\_\_\_

## 2. CHILD'S DETAILS

DAS Ref:

Name:

\_\_\_\_\_

*Surname*

\_\_\_\_\_

*Given Name(s)*

[Please attach  
a photo of  
your child  
here]

Date of Birth:

\_\_\_\_\_

*DD/MM/YY*

Age: \_\_\_\_\_

B/C No.:

\_\_\_\_\_

Nationality:

\_\_\_\_\_

Gender: Male / Female

Ethnicity:

Chinese / Malay / Indian / Others (Please specify: \_\_\_\_\_)

Address:

\_\_\_\_\_

\_\_\_\_\_

School:

\_\_\_\_\_

Level:

\_\_\_\_\_

Session: am / pm

Secondary:

Express / Normal (Academic) / Normal (Technical)

### CONTACT DETAILS

Who should the DAS contact to discuss your child'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): \_\_\_\_\_

### 3. FAMILY BACKGROUND

**MOTHER**  
or main caregiver

Name: \_\_\_\_\_

Address (if different from child's):  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ (H) \_\_\_\_\_ (HP)

Nationality: \_\_\_\_\_

Marital Status: Single / Married / Divorced / Widowed

Highest Qualification:

- |  |  |
|--|--|
| <input type="checkbox"/> Primary       | <input type="checkbox"/> Diploma       |
| <input type="checkbox"/> Secondary     | <input type="checkbox"/> Graduate      |
| <input type="checkbox"/> 'A' Levels    | <input type="checkbox"/> Post-Graduate |
| <input type="checkbox"/> Others: _____ |  |

Occupation: \_\_\_\_\_

Organisation: \_\_\_\_\_

Working hours: \_\_\_\_\_

*(for contact purpose)*

Gross Monthly Income (before CPF deduction):

- Below \$2000  
 Between \$2000-\$3000  
 Between \$3001-\$4000  
 Above \$4000

**FATHER**  
or main caregiver

Name: \_\_\_\_\_

Address (if different from child's):  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ (H) \_\_\_\_\_ (HP)

Nationality: \_\_\_\_\_

Marital Status: Single / Married / Divorced / Widowed

Highest Qualification:

- |  |  |
|--|--|
| <input type="checkbox"/> Primary       | <input type="checkbox"/> Diploma       |
| <input type="checkbox"/> Secondary     | <input type="checkbox"/> Graduate      |
| <input type="checkbox"/> 'A' Levels    | <input type="checkbox"/> Post-Graduate |
| <input type="checkbox"/> Others: _____ |  |

Occupation: \_\_\_\_\_

Organisation: \_\_\_\_\_

Working hours: \_\_\_\_\_

*(for contact purpose)*

Gross Monthly Income (before CPF deduction):

- Below \$2000  
 Between \$2000-\$3000  
 Between \$3001-\$4000  
 Above \$4000

### 4. SIBLINGS OF CHILD

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

Are there any family members with reading and writing difficulties?

\_\_\_\_\_

## 5. MAIN CONCERNS

Please indicate the purpose of this referral:

- Assessment
  Enrolment into MOE-Aided DAS Literacy Programme (MAP)\*

*\*Note that a psychological report stating a diagnosis of dyslexia needs to be submitted for enrolment into the MAP programme.*

What are your main concerns with regard to your child's development?

- Learning
  Literacy (Reading, Spelling, Writing)  
 Speech / Language
  Social skills  
 Motor skills
  Behaviour (e.g. inattention / hyperactivity / tantrums)  
 Others (please specify)

Please elaborate:

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## 6. EDUCATIONAL HISTORY / SUPPORT

Please provide details of the school(s) your child has attended:

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What do your child's teachers say about him/her?

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

	Date (start) <small>Month/ Year</small>	Date (end) <small>Month/ Year</small>
<b><u>Preschool</u></b>		
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 & Children (EIPIC)	_____ (hrs per week) ____ / ____	_____ / ____
Others:	_____ (hrs per week) ____ / ____	_____ / ____
<b><u>Primary to Tertiary</u></b>		
Learning Support Programme (LSP)	_____ (hrs per week) ____ / ____	_____ / ____
School-based Dyslexia Remediation Programme	_____ (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 attach samples of your child'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 your child's grades:

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

## 7. PREVIOUS ASSESSMENT/ DIAGNOSES

Have you consulted any professionals regarding your child'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)

## 8. PREFERRED LEARNING CENTRE

If your child is found suitable for the DAS programme, please state your top three preferred learning centres:

1<sup>st</sup> Choice: \_\_\_\_\_  
 2<sup>nd</sup> Choice: \_\_\_\_\_  
 3<sup>rd</sup> Choice: \_\_\_\_\_

Our Learning Centres:

Ang Mo Kio	Chinatown Point	Rex House*	Yishun*
Bedok	Jurong Point*	Sengkang*	
Bishan*	Parkway Parade	Tampines*	
Choa Chu Kang*	Queenstown*	Woodlands*	

\*Centres offering SES Preschool Programme

*(We will try to match your preference but please note that your preferred choice is not guaranteed and is subjected to availability.)*



# CHINESE SUPPLEMENTARY FORM

This form should be completed by **parents** only.

**Kindly note:**

1. You will be contacted shortly for a mandatory informal assessment to profile your child for the classes.
2. There will be an administrative handling fee of \$53.50 for non-bursary holders and \$26.75 for bursary holders (inclusive of GST).

**Kindly include:**

- Copies of your child's Chinese school work (test papers or worksheets)[Not compulsory]

## LANGUAGE ABILITIES

1. My child speaks English  always  often  sometimes  seldom  never
2. My child speaks Mandarin  always  often  sometimes  seldom  never
3. My child speaks a family dialect  always  often  sometimes  seldom  never
4. My child speaks in another language as well, please state: \_\_\_\_\_

Please choose the option that best describes your child's spoken language.

## CHINESE LESSONS

- My child is **NOT** exempted from Chinese exams  My child is exempted from Chinese exams  
 I am applying for Chinese exemption for my child  
 For Pri 5/6 students:  Higher  Standard  Foundation

Please provide details of your child's Chinese school results.

CHINESE	Last year		This year	
	Mid-Year	End of Year	Mid-Year	End of Year
Paper 1				
Paper 2				

Please provide details of other Chinese tuition / enrichment programmes your child has attended or is currently attending (if any).

\_\_\_\_\_ (hours/week) From To  
Month / Year Month / Year  
 \_\_\_\_\_ / \_\_\_\_\_

Chinese classes are available only at the following centres. Please choose 1 preferred learning centre.

- BJ8  JPT  PWP  QTN  REX  TPN  SKG

### FOR OFFICIAL USE ONLY

Received by: \_\_\_\_\_ Learning Centre: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt No: \_\_\_\_\_ Amount Collected: \$53.50 / \$26.75

*\*Please dispatch form to Mel (SES Officer) @ REX or email scanned form to [mel@das.org.sg](mailto:mel@das.org.sg)*