

# SES PROGRAMMES APPLICATION FORM

For current MAP student

This form comprises of **two** parts and should be submitted along with the **coloured Supplementary Form(s)**.

Part 1 - to be completed by child's parents

Part 2 - to be completed by child's DAS Educational Therapist

## 1 FOR PARENTS

### PARTICULARS

Child's Name (in full): \_\_\_\_\_

Chinese Name:  
(if applicable)

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BC/FIN/IC/Passport No.: \_\_\_\_\_

Current School Level: \_\_\_\_\_

Date of Birth:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD / MM / YYYY

For P5/P6 students, please tick:  **Standard**  **Foundation**

Child's Best Language: \_\_\_\_\_

Current DAS Learning Centre (refer to legend behind)

<input type="checkbox"/> AMK	<input type="checkbox"/> BDK	<input type="checkbox"/> BJ8	<input type="checkbox"/> CCK	<input type="checkbox"/> CTP	<input type="checkbox"/> JPT	<input type="checkbox"/> PWP
<input type="checkbox"/> QTN	<input type="checkbox"/> REX	<input type="checkbox"/> SKG	<input type="checkbox"/> TPN	<input type="checkbox"/> WDL	<input type="checkbox"/> YSH	

### CHOICE OF SES PROGRAMMES

Please choose the programme(s) you wish to sign your child up for.

- |   |  |
|---|--|
| <input type="checkbox"/> MATHS                      | <input type="checkbox"/> SPEECH & DRAMA ARTS (SDA)       |
| <input type="checkbox"/> CHINESE                    | <input type="checkbox"/> SPEECH & LANGUAGE THERAPY (SLT) |
| <input type="checkbox"/> ENGLISH EXAMS SKILLS (EES) |  |

Please indicate if you will be applying for bursary.

YES, I'm applying for bursary.

Kindly fill up the SES bursary application form.

NO, I'm not applying for bursary.

### CONTACT DETAILS

Name & Signature: \_\_\_\_\_

Tel: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Email: \_\_\_\_\_

### REFERRAL SOURCE

Where did you hear about SES Programmes?

- |   |  |
|---|--|
| <input type="checkbox"/> Internet (DAS Website)                           | <input type="checkbox"/> Internet (other websites)       |
| <input type="checkbox"/> Awareness Talks                                  | <input type="checkbox"/> Media (news, radio, newspapers) |
| <input type="checkbox"/> Word-of-mouth from teacher/friend/relative/tutor | <input type="checkbox"/> Others _____                    |

Comments on child's ability, needs and behaviour:

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## 2 FOR EDUCATIONAL THERAPIST

Name of Ed T: \_\_\_\_\_

Student's current MAP Class Day: \_\_\_\_\_ Time: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Comments on student's ability, needs and behaviour:

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### FOR OFFICIAL USE ONLY

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

#### LEGEND

<b>AMK</b>	Ang Mo Kio	<b>BDK</b>	Bedok	<b>BJ8</b>	Bishan	<b>CCK</b>	Chua Chu Kang
<b>CTP</b>	Chinatown Point	<b>JPT</b>	Jurong Point	<b>PWP</b>	Parkway Parade	<b>QTN</b>	Queenstown
<b>REX</b>	Rex House	<b>SKG</b>	Sengkang	<b>TPN</b>	Tampines	<b>WDL</b>	Woodlands
<b>YSH</b>	Yishun						

# SPEECH & DRAMA ARTS SUPPLEMENTARY FORM

This form comprises of **two** parts:  
Part 1 - to be completed by child's parents.  
Part 2 - to be completed by child's DAS Educational Therapist.

## 1 FOR PARENTS

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

		From Month / Year	To Month / Year
_____	_____ (hours/week)	____ / ____	____ / ____
_____	_____ (hours/week)	____ / ____	____ / ____

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

BJ8    BDK    QTN    TPN

## 2 FOR EDUCATIONAL THERAPIST

Please fill in the appropriate boxes.

<b>1. CBA</b>	
Band	
Reading Score	
Spelling Score	
Fluency (words correct per minute)	

Please put a tick in the appropriate boxes.

<b>2. BEHAVIOUR</b>	YES	NO	Comments (if any)
Behavioural issues e.g. inattention, task avoidance			
STAR Plus, IEP status			

<b>3. LEARNING STYLE</b>	V	A	K	T	Comments (if any)
Visual, Audio, Kinesthetic, Tactile					

Any other comments

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

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