



# 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:

[Please attach  
a photo of  
your child  
here]

Name: \_\_\_\_\_  
*Surname*

\_\_\_\_\_  
*Given Name(s)*

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.)*

## 9. SPECIALISED EDUCATIONAL SERVICES (SES)

Besides the MOE-Aided DAS Literacy Programme (MAP), the DAS offers a variety of Specialised Educational Programmes that may suit your child's learning needs. Please indicate below the programme(s)/therapies that you are interested in:

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

*(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)*

## 10. ADDITIONAL COMMENTS

If you wish to tell us any other additional, relevant information about your child's abilities, needs and behaviour, please use the space below:

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### FOR OFFICIAL USE ONLY

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

# 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.

1. CBA	
Band	
Reading Score	
Spelling Score	
Fluency (words correct per minute)	

Please put a tick in the appropriate boxes.

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

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

Any other comments

\_\_\_\_\_

### FOR OFFICIAL USE ONLY

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)*