



# 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: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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:

- Primary                       Diploma  
 Secondary                     Graduate  
 'A' Levels                       Post-Graduate

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:

- Primary                       Diploma  
 Secondary                     Graduate  
 'A' Levels                       Post-Graduate

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)<br><small>Month/ Year</small> | Date (end)<br><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)                       | ____ / ____ / ____                       |

**Primary to Tertiary**

|   |                      |                    |
|---|----------------------|--------------------|
| 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<br><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.)*

# SPEECH LANGUAGE THERAPY SUPPLEMENTARY FORM

Child's Full Name : \_\_\_\_\_ Name of Referral Source : \_\_\_\_\_

Please indicate if your applying for:  Assessment  Intervention

## SPEECH AND LANGUAGE THERAPY (SLT)

Please provide the appropriate information of history on SLT assessment or intervention (if any).

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SLT is available only at the following centres. Please choose 1 preferred learning centre.

BJ8  JPT  PWP  WDL

### To be completed by Psychologists only

Name of Psych: \_\_\_\_\_

Cognitive Profile Classification

*Verbal*

*Non-verbal*

|  |  |
|--|--|
|  |  |
|--|--|

Reason(s) for SLT Referral:

- Receptive Language
- Expressive Language
- Articulation
- Verbal/Oral Dyspraxia
- Stuttering
- Pragmatics (social language/skills)
- Others

### To be completed by Educational Therapists only

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

Progress in the literacy class

Yes  No  Slow progress

Behavioural characteristics

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Ideas/strategies/resources helpful to the child

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- Please fill in Page 2 -

### FOR OFFICIAL USE ONLY

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

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

## For SLT referrals only

| EXPRESSIVE LANGUAGE  | Always                        | Often                        | Sometimes                    | Never                        |
|--|-------------------------------|------------------------------|------------------------------|------------------------------|
| Speaks with a limited vocabulary repertoire; frequently uses words that lack specificity (e.g. "thing", "stuff", "there")          |                               |                              |                              |                              |
| Uses poor grammar when talking / writing (making errors that are uncharacteristic of English and locally used language (Singlish)) |                               |                              |                              |                              |
| Shows difficulty in giving detailed / specific directions  |                               |                              |                              |                              |
| Frequently talks in short sentences / phrases  |                               |                              |                              |                              |
| Shows difficulty in finding (thinking of) the right words to say   |                               |                              |                              |                              |
| Relates stories or events in a disorganized or incomplete manner   |                               |                              |                              |                              |
| May have much to say, but provides little specific detail  |                               |                              |                              |                              |
| Speech is often filled with pauses, hesitations, repetitions or vocalizations (e.g. "um", "you know")                              |                               |                              |                              |                              |
| Substitutes words with another of similar meaning (e.g. "I cut the meat with a sword")   |                               |                              |                              |                              |
| RECEPTIVE LANGUAGE   | Always                        | Often                        | Sometimes                    | Never                        |
| Shows difficulty remembering things people says (e.g. requires multiple repetitions)   |                               |                              |                              |                              |
| Shows difficulty following spoken instructions   |                               |                              |                              |                              |
| Shows a poor understanding of age-appropriate stories  |                               |                              |                              |                              |
| Shows difficulty understanding the meaning of words  |                               |                              |                              |                              |
| Shows confusion over words with similar sounds (e.g. mishears "key" for "tea" or "cage" for "cake")                                |                               |                              |                              |                              |
| SOCIAL LANGUAGE  | Always                        | Often                        | Sometimes                    | Never                        |
| Tends to say the same information using the same words repeatedly  |                               |                              |                              |                              |
| Shows difficulty in staying on a conversational topic  |                               |                              |                              |                              |
| Uses language that is inappropriate for the social situation   |                               |                              |                              |                              |
| Uses inconsistent or inappropriate eye contact during conversation   |                               |                              |                              |                              |
| Shows difficulty taking turns during a conversation  |                               |                              |                              |                              |
| Shows difficulty in understanding body language and facial expressions   |                               |                              |                              |                              |
| <b><i>Applicable to older children (Primary 3 &amp; above)</i></b>   |                               |                              |                              |                              |
| Tends to make literal interpretations of figurative language (metaphors, idioms, humour, sarcasm)                                  |                               |                              |                              |                              |
| Shows difficulty making inferences and logical deductions  |                               |                              |                              |                              |
| SPEECH PRODUCTION  | Always                        | Often                        | Sometimes                    | Never                        |
| Mispronounces sounds in words (e.g. substitution errors like "soap" to "toap", omission errors like "house" to "how")              |                               |                              |                              |                              |
| Shows difficulty saying words with difficult sound patterns (e.g. Aluminum, specific, rhinoceros)                                  |                               |                              |                              |                              |
| Tends to repeat initial sounds / syllables (e.g. "f-f-fish" / "wa-wa-water") – appears to be stammering                            |                               |                              |                              |                              |
| Please rate the student's speech intelligibility – (how often you can understand what the student is communicating)                | <input type="checkbox"/> 100% | <input type="checkbox"/> 75% | <input type="checkbox"/> 50% | <input type="checkbox"/> 25% |

