



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. 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:

Name:

_____ *Surname*

_____ *Given Name(s)*

[Please attach
a photo of
client here]

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"/> Basic Literacy (Reading, Spelling)
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Advanced Literacy (Reading Comprehension, Writing)
<input type="checkbox"/> Social skills	<input type="checkbox"/> Speech / Language
<input type="checkbox"/> Motor skills	<input type="checkbox"/> Behaviour (e.g. inattention / hyperactivity / tantrums)
<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 & organisation?)

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 | <input type="checkbox"/> iReaCH Programme |
| | <input type="checkbox"/> iStudySmart Programme |

*(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 (e.g. 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?

7. PREFERRED LEARNING CENTRE

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

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Our Learning Centres:

Ang Mo Kio

Bedok

Bishan*

Chinatown Point

Choa Chu Kang*

Jurong Point*

Parkway Parade

Queenstown*

Rex House*

Sengkang*

Serangoon*

Tampines*

Woodlands*

Yishun*

*Centres offering Preschool Programme

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

8. ADDITIONAL COMMENTS

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

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

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			
Intensive Remediation (IR) status			

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

Any other comments
