



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



SpLD Assessment Services (SAS) Assessment Form

Please take note of the following:

- Kindly fill up this form only if you wish to **apply for a psychological assessment** to be conducted for Client. This form is **not** used to apply for the DAS classes.
- As part of the application for a psychological assessment, this form is to be submitted together with the following documents:
 - Main Application Form
 - Learning Difficulties Checklist (attached)
 - Teacher’s Questionnaire (attached)
 - Copies of Client’s national and school exam result slips
 - Examples of Client’s work
 - Copy of Client’s B/C
 - Reports given by a psychologist, occupational therapist or speech and language therapist (if any)
- **An application fee of \$53.50 will be collected upon submission of application (for assessments only). This application fee is non-refundable. The \$53.50 fee can be paid via cheque or NETS, and will only be collected at the learning centre where the application is submitted. The psychological assessment fees can be paid on the day of the assessment via cheque or NETS.**
- **Financial assistance (bursary)** is available to eligible Singaporeans, full time students aged 25 & below.
- Kindly note that **no refund will be given once our psychologist has commenced the assessment.**
- For parents who have sent their Client for a **screening** prior to this application, please be aware that results from these screenings only yield an at risk indication and **cannot be taken to be confirmation of having a specific learning difficulty.** Such a diagnosis can only be obtained through a formal assessment by a psychologist, psychiatrist, occupational therapist, and/or speech and language therapist, depending on the nature of the concern.
- For the security of your confidential report, SAS psychological reports will be sent through registered mail.

1. LANGUAGE(S) SPOKEN AT HOME

Main language spoken at home: _____ Frequency: Often Sometimes Hardly

Other language(s) used at home: _____ Frequency: Often Sometimes Hardly

Client’s best language: _____

2. MEDICAL & DEVELOPMENTAL HISTORY

Does Client have any pre-existing medical conditions or periods of hospitalisation?

No Yes, please provide details (e.g. Medication they have been/is currently on):

Did Client meet his/her speech and motor milestones adequately? Yes No, please provide details:

Does Client present with any hearing/visual concerns? No Yes, please provide details:

I acknowledge that all the information given herein is correct to my knowledge and that I am aware of all the information provided by the DAS in this form.

Form Completed by: _____ Date: _____ Relationship with Client: _____

LEARNING DIFFICULTIES CHECKLIST

Client's Name: _____

This is a general learning difficulties checklist - dyslexic client will not experience all of these difficulties
Please circle the number that best describes your client:

WRITING & SPELLING							
		Never				Always	
1	Has poor handwriting	1	2	3	4	5	6
2	Has poor spelling	1	2	3	4	5	6
3	Produces messy, badly organised work	1	2	3	4	5	6
4	Cannot write in a straight line	1	2	3	4	5	6
5	Has trouble copying from the board in class	1	2	3	4	5	6
6	Puts letters in the wrong order in words e.g. todl for told	1	2	3	4	5	6
7	Mixes capital and small letters within words e.g. dysLexia	1	2	3	4	5	6
8	Spells a word several different ways in the same piece of work	1	2	3	4	5	6
9	Has trouble remembering the order of strokes in Chinese characters	N/A	1	2	3	4	5
READING							
		Never				Always	
1	Reads slowly and hesitates frequently	1	2	3	4	5	6
2	Has difficulty tracking words along a line of print	1	2	3	4	5	6
3	Skips or re-reads a line of words in a passage	1	2	3	4	5	6
4	Substitutes words of similar meaning e.g. road for street	1	2	3	4	5	6
5	Guesses wildly at words	1	2	3	4	5	6
6	Has difficulty recognising familiar words	1	2	3	4	5	6
7	Complains that words or lines of text on page seem to move	1	2	3	4	5	6
MOTOR SKILLS							
		Never				Always	
1	Has difficulty catching a ball	1	2	3	4	5	6
2	Has difficulty colouring within lines	1	2	3	4	5	6
3	Has difficulty cutting along lines with scissors	1	2	3	4	5	6
4	Is unusually clumsy	1	2	3	4	5	6

SPEECH

	Never						Always					
1	Finds it difficult to express thoughts											
2	Communicates more with gestures rather than words											
3	Pauses during speech to find the words he wants to use, gives up in mid-sentence											
4	Uses words without attaching the usual meaning to them											
5	Says irrelevant things during conversations											
6	Has difficulty reporting events in their correct order											
7	People who do not know your Client well have difficulty understanding what he says											

BEHAVIOUR

	Never						Always					
1	Gives up easily											
2	Easily distracted and appears inattentive											
3	Has difficulty sitting still on a chair for more than 5 minutes											
4	Cannot concentrate for more than 20 minutes											
5	Misplaces and loses personal items											
6	Throws tantrums for no apparent reason											
7	Refuses to follow instructions despite being able to understand them											
8	Can't wait to take turns											

Form completed by: _____

Surname

Given name(s)



TEACHER'S QUESTIONNAIRE

Part I - Client's Particulars *(to be completed by parents)*

Name : _____ B/C (FIN) Number : _____
 School : _____ Level : _____

Part II – Questionnaire

Dear Teacher,

Your student has sought an assessment or has been referred to the Dyslexia Association of Singapore (DAS) by his/her parents for a psycho-educational assessment. We would appreciate your help in providing information about the student and the difficulties (s)he might face in the classroom. If you have any questions, please contact the SpLD Assessment Services at enrol@das.org.sg.

1. How would you rate this student academically as compared to his/her classmates?

Below average / Average / Above average (please circle the appropriate one)

2. Do you think the student is putting in his/her best effort? Yes /No

3. Details of your Teaching Context *(Size of class, overall abilities of class, any additional support given?)*

4. What are some of the student's attainments, strengths and weaknesses?

5. Have you ever been concerned about this student's progress in reading, spelling, or writing? Yes /No

If YES, please elaborate:

5a. Have any adaptations to teaching and learning been made to accommodate to the student's learning? (e.g. Further explanation, visual cues, pre-teaching etc.)

6. Please provide information about the student's behaviour in the classroom, including how s/he relates to teachers and fellow classmates.

7. How well does the student understand and carry out instructions? Please elaborate.

8. Please provide information about the student's attitude towards learning, and his/her attention and concentration during lessons.

9. Please provide information about the student's attitude towards CCA and other non-academic subjects, including any special skills or behavioural traits (s)he displays (e.g., leadership skills, organisational ability).

9a. Please indicate what you think the student's main problem in school is, if any.

9b. If applicable, what do you think are possible reasons for the student's problem?

If there is any additional relevant information about the student, please use this space below, or attach additional pieces of paper.

*If possible, please return this completed form together with a copy of the student's **recent result slips**.*

Form completed by : _____ Position : _____

Contact Email : _____ Contact No : _____

How long have you known this student? _____ years _____ months

Thank you for your time.

List of DAS Learning Centres

Learning Centre	Address	Contact Numbers
Ang Mo Kio Learning Centre	Anderson Primary School 19 Ang Mo Kio Ave 9 #01-25 Indoor Sports Hall Singapore 569785	Tel: 6452 1186 Fax: 6452 1185
Bedok Learning Centre	Fengshan Primary School 307 Bedok North Road Indoor Sports Hall #G3-10 Singapore 469680	Tel: 6444 6910 Fax: 6448 6018
Bishan Learning Centre	Bishan Junction 8 9 Bishan Place, #06-03 Singapore 579837	Tel: 6250 0526 Fax: 6250 0654
Chinatown Point Learning Centre	Chinatown Point 133 New Bridge Road, #04-01 Singapore 059413	Tel: 6538 1658 Fax: 6538 1657
Chua Chu Kang Learning Centre	Blk 17 Teck Whye Lane, #01-167 Singapore 680017	Tel: 6464 8609 Fax: 6464 8605
Jurong Point Learning Centre	1 Jurong West Central 2 #05-01, Jurong Point Singapore 648886	Tel: 6594 0331/2 Fax: 6444 7900
Parkway Parade Learning Centre	80 Marine Parade Road #22-01/02 Parkway Parade Singapore 449269	Tel: 6440 0716 Fax: 6440 0816
Queenstown Learning Centre	Queenstown Primary School 310 Margaret Drive Singapore 149303	Tel: 6475 9535 Fax: 6476 2597
Rex House Learning Centre	Rex House 73 Bukit Timah Road, #05-01 Singapore 229832	Tel: 6643 9600 Fax: 6643 9603
Sengkang Learning Centre	Blk 257C Compassvale Road #01-545 Singapore 543257	Tel: 6881 2072 Fax: 6881 8426
Serangoon Learning Centre	Blk 411 Serangoon Central Singapore 550411	Tel: 6444 5700 Fax: 6282 5352
Tampines Learning Centre	Blk 163 Tampines St 12, #01-257 Singapore 521163	Tel: 6786 0838 Fax: 6786 0868
Woodlands Learning Centre	Blk 165 Woodlands St 13, #01-567 Singapore 730165	Tel: 6269 0730 Fax: 6269 0738
Yishun Learning Centre	Blk 932 Yishun Central 1, #01-101 Singapore 760932	Tel: 6451 5582 Fax: 6481 2706