

# 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 LANGUAGE THERAPY SUPPLEMENTARY FORM

Child's Full Name : \_\_\_\_\_ BC/FIN/Passport : \_\_\_\_\_

Current School Level : \_\_\_\_\_ 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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

BJ8  JPT  PWP  WDL  TPN

### To be completed by Psychologists only

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

Cognitive Profile Classification

Verbal

Non-verbal

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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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ideas/strategies/resources helpful to the child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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>Applicable to older children (Primary 3 &amp; above)</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%