# SPED School Application Form

This application form has been divided into 4 sections as shown below. Each section can be separately and concurrently completed by the different parties, compiled by the referring agency or parents, and sent to parents’ **1st choice SPED School**. This instructions page need not be submitted as part of the application.

**Section I: To be completed by referring agency and parents**

|  |  |
| --- | --- |
| A. | Declaration by Parent/Guardian |
| B. | Child’s information |
| C. | Family’s information |
| D. | Parent report |
|  |  |
|  |  |

**Section II: School Report – To be completed by a teacher**

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|  |

**Section III: Medical Report – To be completed by a medical doctor**

**Section IV: Psychological Report – To be completed by a psychologist**

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

**Cover Letter**

**(Insert Letter Head of Referring Agency)**

*(Date)*

*(Name of Principal of SPED school)*

*(Name of SPED school)*

*(Address of SPED school)*

Dear *(Title of Principal of SPED school)*,

 The Special Education (SPED) School Application Form of the child, *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(BC no)*, together with the relevant documents as indicated in the checklist below, are enclosed for your consideration.

 Please do not hesitate to contact me at *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(email address)* or *\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone number)* should you require further information about this application.

 Thank you for your time and consideration.

Sincerely,

*(Name & Signature of Referring Personnel of referring agency)*

Checklist of Documents:

Please ensure that all the following documents are attached.

* **Original** Special Education (SPED) School Application Form (consists of Sections I to IV with supporting documents)
* Photocopy of Student’s Identification:
	+ For Singapore Citizens: Birth Certificate
	+ For Singapore Permanent Residents: Singapore Permanent Residents Re-entry Document
	+ For International Students: Student Pass (Dependant Pass)
	+ Deed Poll (Legal document required if the child has changed his/her name)
* Photocopy of Parents’/Guardian’s Identification:
	+ For Singapore Citizens and PRs: NRIC/Passport
	+ For International Students: Passport **AND** Employment Pass (if applicable)
* Photocopy of Certificate of Legal Guardianship (if applicable for subsection C)
* Report book results / Progress reports
* Work Place Literacy and Numeracy scores (if applicable)

# Section I:

# To be completed by Referring Agency[[1]](#footnote-1) and Parents

This section comprises six pages and should take about 20 minutes to complete.

This section should be jointly completed by the referring agency and parents. Referring agencies are strongly encouraged to assist parents with completing this section. Referring agencies include:

* Mainstream schools – for students enrolled in Mainstream schools
* SPED schools – for students enrolled in SPED schools
* Early Intervention Programme for Infants & Children (EIPIC) Centres – for students enrolled in EIPIC centres
* Hospitals – for children who are not in the above settings e.g. mainstream kindergartens
* Others (e.g. Social Workers and Counsellors from VWOs)

# A. Declaration by parent / guardian

# I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Parent / Guardian#), understand that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Child), \_\_\_\_\_\_\_\_\_\_\_\_\_ (BC Number) has special educational needs and has been recommended to apply to a special education (SPED) school. I hereby consent for my child to be referred to a SPED school. My preferred choices of the SPED schools are:

**Parents’ / Guardian’s# Choices of SPED Schools[[2]](#footnote-2)** ranked in order of preference)

First choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your first application to a SPED School for your child? [ ] Yes [ ] No

If no, please specify school and date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# I understand that my above choices would be subjected to the admission requirements of the SPED schools listed.

I also understand that the SPED schools may seek further information from me, as well as other agencies who have worked with my child. They may also carry out additional assessments or observations in order to evaluate my child’s suitability for their programmes.

I declare that the information that I have given in this form is true and complete and that I have not withheld any relevant information. I hereby also give consent for the release of this information to relevant professionals and/or agencies, and for the SPED schools to contact the professionals and/or agencies in order to facilitate the application[[3]](#footnote-3).

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

 Name of Parent / Guardian***#*** Signature Date

***#Delete whichever is not applicable***

Assisted by (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name & signature of staff from the referring agency who assisted the parent/guardian with this declaration.)

# B. CHILD’s Information

**B1 – Identifying Information**

The information below should correspond with the child’s particulars in relevant documents submitted, e.g., copy of birth certificate.

|  |  |  |
| --- | --- | --- |
| **Name** |  | Affix photograph |
| **BC / NRIC No.** |  | **Age (on date of application)** |  |
| **Date of birth****(dd/mm/yyyy)** |  | **Gender** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Male |  | Female |

 |
| **Country of Birth**  |  | **Race** |  |
| **Citizenship**  |

|  |  |
| --- | --- |
|  | Singapore Citizen |
|  | Singapore PR |

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Religion** |  |
| **Residential address** | Postal Code: ( ) |
| **Home language(s)** |  |
| Is the child living with his/her parents? 🞏 Yes 🞏 NoIf No, please complete the sub-section B2 below. |

**B2 – Alternative Living Arrangements** (if applicable)

To be completed if child is not living with his / her parents

|  |  |  |  |
| --- | --- | --- | --- |
| **Main caregiver** |  | **Contact no.** |  |
| **Address of caregiver****(if different from child’s residential address)** |  |
| **Relationship to child** |  |

**B3 – Child’s Educational Background**

Please list the child’s educational history, including past and current schools, in the table below. If the child has not enrolled in any formal educational settings, please indicate this under the heading ‘Others’.

|  |  |
| --- | --- |
| **Names of School / Centre / Kindergarten** | **Year attended** |
| **From** | **To** |
| **EIPIC Centre:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Child Care Centre / Nursery:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Kindergarten:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Primary School:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Secondary School:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
| **SPED School:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
| **Others (e.g. home-schooling, home-based therapy):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**B4 – Medical and Allied Health Professionals’ Involvement**

Involvement by medical and/or allied health professionals, both in the past and present, should be listed in this table. Please provide a copy of the relevant reports from the professionals listed below, if available.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Professional** | **Name** | **Organisation**  | **Frequency of involvement**Please state per week / month / year | **Start date** | **End date** |
| Psychologist  |  |  |  |  |  |
| Medical doctor  |  |  |  |  |  |
| Psychiatrist  |  |  |  |  |  |
| Speech and Language therapist |  |  |  |  |  |
| Occupational therapist |  |  |  |  |  |
| Physiotherapist |  |  |  |  |  |
| Others[[4]](#footnote-4) (please specify) |  |  |  |  |  |

# C. Family’s Information

Please ensure that information provided in this section is up-to-date. The information will be used for registration in your child’s SPED school, and to determine the need for financial assistance or other forms of social support.

**C1 – Father’s Particulars**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **NRIC / FIN / Passport No.** |  |
| **Date of birth****(dd/mm/yyyy)** |  | **Marital status** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Single |  | Married |
|  | Separated |  | Divorced |
|  | Widowed |  |  |

 |
| **Country of birth** |  | **Race** |  |
| **Citizenship** |

|  |  |
| --- | --- |
|  | Singapore Citizen |
|  | Singapore PR |

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Religion** |  |
| **Highest academic qualification** | * No formal education
* Primary
* Secondary
* Postsecondary (A levels, Diploma, ITE)
* Graduate / Postgraduate
 | **Gross monthly income** | * No income
* $2750 and below
* Above $2750
 |
| **Occupation**  |  | **Spoken language(s)** |  |
| **Contact no.(Home)** |  | **Contact no.(HP)** |  |
| **Email** |  |
| **Residential address** | **(If different from child’s residential address)**Postal Code: ( ) |

**C2 – Mother’s Particulars**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **NRIC / FIN / Passport No.** |  |
| **Date of birth****(dd/mm/yyyy)** |  | **Marital status** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Single |  | Married |
|  | Separated |  | Divorced |
|  | Widowed |  |  |

 |
| **Country of birth** |  | **Race** |  |
| **Citizenship** |

|  |  |
| --- | --- |
|  | Singapore Citizen |
|  | Singapore PR |

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Religion** |  |
| **Highest academic qualification**  | * No formal education
* Primary
* Secondary
* Postsecondary (A levels, Diploma, ITE)
* Graduate / Postgraduate
 | **Gross monthly income** | * No income
* $2750 and below
* Above $2750
 |
| **Occupation**  |  | **Spoken language(s)** |  |
| **Contact no.(Home)** |  | **Contact no.(HP)** |  |
| **Email** |  |
| **Residential address** | **(If different from child’s residential address)**Postal Code: ( ) |

**C3 – Particulars of Legal Guardian** (if child is not in parents’ care)

Please attach a photocopy of Certificate of Legal Guardianship.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **NRIC / FIN / Passport No.** |  |
| **Date of birth****(dd/mm/yyyy)** |  | **Marital status** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Single |  | Married |
|  | Separated |  | Divorced |
|  | Widowed |  |  |

 |
| **Country of birth** |  | **Race** |  |
| **Citizenship** |

|  |  |
| --- | --- |
|  | Singapore Citizen |
|  | Singapore PR |

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Religion** |  |
| **Highest academic qualification**  | * No formal education
* Primary
* Secondary
* Postsecondary (A levels, Diploma, ITE)
* Graduate / Postgraduate
 | **Gross monthly income** | * No income
* $2750 and below
* Above $2750
 |
| **Occupation**  |  | **Spoken language(s)** |  |
| **Contact no.(Home)** |  | **Contact no.(HP)** |  |
| **Email** |  | **Relationship to Child** |  |
| **Residential address****(if different from child’s residential address)** | Postal Code: ( ) |

**C4 –** **Particulars of Siblings & Any Other Relatives Staying with the Child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship to Child** | **Date of birth / Age** | **Occupation** | **Monthly income****(if applicable)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# D. Parent Report

This section is for parents to provide information about their child. Referring agencies should assist parents in completing this section if necessary. The information will help the SPED school better understand the child’s strengths and needs and how to keep the child safe.

|  |
| --- |
| 1. **What are your child’s strengths and interests?**
 |
|  |
| 1. **What is your child’s behaviour like on a typical day?**
 |
|  |
| 1. **What are some situations that may cause your child to be upset or distressed (e.g. changes to routines, unable to get what he or she wants, going to new places)? How often do they occur (e.g. once a day, 3 – 4 times a week)?**
 |
|  |
| 1. **What does your child do when he/she is upset or distressed?**

**What are some of your child’s behaviours that *may* involve health and safety risks for your child or others (e.g. tendency to run away from school or house if unsupervised, injures self or others)?** |
|  |
| 1. **What do you do to help your child to calm down when he/she is upset or distressed?**
 |
|  |

# Section II:

# To be completed by a Teacher

This section comprises five pages and should take about 15 minutes to complete.

It should be completed by the teacher who is most familiar with the educational needs of the child, such as the main subject teacher in the current school or early intervention centre. This section could also be completed jointly with other school personnel who have worked with the child, e.g. Allied Educator, School Counsellor, etc.

For children who have not attended any school, this section could be completed by a therapist or clinician who has worked directly with the child.

# SCHOOL REPORT

**Child’s particulars**

|  |  |
| --- | --- |
| **Full name** |  |
| **BC/NRIC no.** |  | **Gender** |  |
| **Date of birth** **(dd/mm/yyyy)** |  | **Age** |  |
| **School** |  | **Class / Level** |  |

**Needs Inventory**

For all items, check the most appropriate option(s) that best describe the child’s functioning based on your observations of the child across settings and over time.

1. **Sensory**

[ ]  Hearing Concerns

[ ]  Vision Concerns

[ ]  Others; please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No concerns

Please elaborate on the sensory concerns and support strategies that have helped the child, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Literacy Skills** (e.g. knowing letter names and sounds, reading, spelling, reading comprehension)

[ ]  Attained at least age-appropriate reading and writing skills compared to same-age peers.

[ ]  Able to read and write basic sight words and simple sentences.

[ ]  Able to read and write some basic sight words.

[ ]  Knows most/all of the letters of the Alphabet

[ ]  Very limited or no literacy skills

Please elaborate on student’s literacy skills and support strategies that have helped the child:

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

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1. **Numeracy Skills** (e.g. counting forward and backward, basic addition and subtraction)

[ ]  Higher than average level of numeracy skills compared to same-age peers

[ ]  Attained age-appropriate level of numeracy skills compared to same-age peers

[ ]  Knows simple computations (e.g. addition/subtraction) and Math concepts

[ ]  Able to count and recognise numbers up to 20

[ ]  Very limited or no numeracy skills

Please elaborate on student’s numeracy skills and support strategies that have helped the child:

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

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

1. **Self-help Skills**

[ ]  Recognises when a problem exists and tries to solve it

[ ]  Seeks help appropriately from others when necessary

[ ]  Locates and cares for personal belongings

[ ]  Avoids dangers and responds to warning words

Please elaborate on student’s self-help skills and support strategies that have helped the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Toileting**

[ ]  Fully independent

[ ]  Supervision required

[ ]  Assistance required

Please elaborate on student’s toileting skills and support that have been helped the child, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Dressing**

[ ]  Fully independent

[ ]  Verbal reminders and/or guidance required

[ ]  Periodic or partial assistance required

[ ]  Fully dependent

Please elaborate on student’s dressing skills and support that have helped the child, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Feeding**

[ ]  Independent (with hands)

[ ]  Independent (with utensils)

[ ]  Verbal reminders and/or guidance required

[ ]  Learning to eat; guidance and monitoring needed

[ ]  Frequent supervision needed to ensure physical safety

[ ]  Needs to be fed

Please elaborate on student’s feeding skills and support that have helped the child, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Any other comments:**

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

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|  |
| --- |
| **For students aged 17 and above**Items 8 to 9 are only applicable to students aged 17 years and above.For item 18 on ‘Attendance and punctuality in the last 12 months’, attendance and punctuality rates should be calculated using the following formula:Attendance (%) = Number of days where the student is present x 100%  Total number of school days in the school termPunctuality (%) = Number of days where the student is punctual x 100%  Total number of school days in the school termFor item 19 on ‘work readiness’, teachers can use the Becker Work Adjustment Profile Kit to assess the child’s work readiness. Further information can be found at this website:http://www.disabilitytraining.com/product-info.php?Becker\_Work\_Adjustment\_Profile-pid59.html. |

1. **Ability to travel independently**

[ ]  Fully independent

[ ]  Support required (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Unable to travel independently

1. **Attendance and punctuality in the last 12 months**

Please provide student’s rates of attendance in the last 12 months of enrolment at his/her sending school.

Attendance ( %)

Punctuality ( %)

Please provide additional information (in the last 12 months) as follows:

Number of days that student was on medical leave:

Number of days that student was absent from school with valid reasons:

Number of days that student was late to school with valid reasons:

1. **Work readiness** (work attitude, work habits, interpersonal and communication skills, self-management)

[ ]  Low level of work support needed

[ ]  Moderate level of work support needed

[ ]  High level of work support needed

Please describe the type of support required by the student.

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

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Please provide details of prior work experience that the student has undergone.
(e.g. part time work or internship at xxx company for y months)

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

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

**Behaviours in the school/classroom contexts**

In this section, the teacher should report his / her observations of the child’s behaviour in group learning contexts. When describing specific behaviours, teachers should elaborate on how often these behaviours occur and the extent to which they impact the child’s ability to function in a group learning setting.

|  |
| --- |
| 1. **(a) How long have you known the child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(b) What is the teacher-student ratio in the current class? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **What are the child’s strengths and interests?**
 |
|  |
| 1. **Describe the child’s behaviour in class on a regular school day.**

**Is the child able to get along with his peers? (e.g. ability to play with his friends, work cooperatively in groups). Please elaborate and provide specific examples.** |
|  |
| 1. **Does the child present with any behavioural problems in school? Has any disciplinary action been meted out by the school in the last one year?**

**If yes, please give specific examples and the frequency of occurrence.** |
|  |
| 1. **Please give specific examples of strategies that have helped to support the child’s behaviour.**
 |
|  |

|  |
| --- |
| **Completed by:** |
| **Name(s)** |  | **Designation(s)** |  |
| **E-mail(s)** |  | **Contact no.(s)** |  |
| **Name of School /Organisation** |  | **Signature(s) &** **Date** |  |

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name & Signature of Principal |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

# Section III:

# To be completed by a Medical Doctor, i.e. General Practitioner or Medical Specialist

This section comprises three pages and should take about 10 minutes to complete.

# For children with sensory (e.g. vision, hearing) concerns, please approach a medical specialist for help with this section. A list of such specialists can be found on the MOH Specialists Accreditation Board website (http://www.healthprofessionals.gov.sg/sab).

# For all other children, please approach a Medical Specialist or a General Practitioner (e.g. family doctor) for help with this section.

# MEDICAL REPORT

# To the Doctor-in-charge:

This report is a mandatory section of the Special Education (SPED) School Application Form to be completed by a medical professional. The patient has been assessed to be eligible for placement in a SPED school in view of his/her special educational needs. Kindly assist the patient in completing this medical report to facilitate his/her application to a SPED school. Please attach all the relevant reports that were used as the basis for completion of this section. Thank you.

|  |
| --- |
| **1) Child’s particulars** |
| **Full name** |  |
| **BC/NRIC no.** |  | **Gender** |  |
| **Date of birth****(dd/mm/yyyy)** |  | **Age** |  |
| **2) Diagnostic information & Medical background**  |
| **Diagnosis relevant to referral:** |
| **Onset / Date of diagnosis**(delete where applicable) |  |
| **Cause of condition** | 🞏 Unknown 🞏 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other diagnoses / medical conditions:**(e.g. epilepsy, psychiatric conditions) |
| **Onset / Date of diagnosis**(delete where applicable) |  |
| **Cause of condition** | 🞏 Unknown 🞏 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Is the child currently on medication?**  |

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes |  🞏 | No |

If yes, please specify schedule of administration & possible consequences if not medicated: |
| **Is the child having any side-effects from medication?**  |

|  |  |  |  |
| --- | --- | --- | --- |
|  🞏 | Yes |  🞏 | No |

If yes, please specify: |
| **Does the child have G6PD Deficiency?**  |

|  |  |  |  |
| --- | --- | --- | --- |
|  🞏 | Yes |  🞏 | No |

 |
| **Does the child have any allergies?**  |

|  |  |  |  |
| --- | --- | --- | --- |
|  🞏 | Yes |  🞏 | No |

If yes, please specify: |
| **3) Birth history and developmental milestones** |
|  |
| **4) physical examination** |
| **Head circumference** | 🞏 Normal 🞏 Microcephaly 🞏 Macrocephaly |
| **Dysmorphic features****(if any)** |  |
| **Is there a medical condition for the following?** |
| **Heart** |  |
| **Lungs** |  |
| **Musculoskeletal system** |  |
| **Hearing:**Has the child undergone hearing screening (e.g.Universal Neonatal Hearing Screening (UNHS))? |

|  |  |  |  |
| --- | --- | --- | --- |
|  🞏 | Yes  |  🞏 | No  |

If yes, please specify date:If the child failed the UNHS, was the child sent for further assessments?If yes, please specify date & outcome: |
| Right ear drum |  | Left ear drum |  |
| Does the child have hearing loss? |

|  |  |  |  |
| --- | --- | --- | --- |
|  🞏 | Yes  |  🞏 | No  |

**If yes, please include a copy of the audiogram.** Please specify details of1. Degree of hearing loss:
2. Cause of hearing loss:
3. Hearing devices used and Year of fitting:
4. Year of cochlear implantation (if applicable):
 |
| **Vision:**Does the child have visual impairment?  |

|  |  |  |  |
| --- | --- | --- | --- |
|  🞏 | Yes  |  🞏 | No  |

If yes, please specify details: |
| Right eye |  6 /  | Left eye |  6 /  |
| Squint? |

|  |  |  |  |
| --- | --- | --- | --- |
|  🞏 | Yes  |  🞏 | No  |

 | Astigmatism?  |

|  |  |  |  |
| --- | --- | --- | --- |
|  🞏 | Yes  |  🞏 | No  |

 |
| Does the child have any physiological and/or medical conditions that schools have to take note of (e.g. hydrotherapy, horse riding, physical education, swimming)? Please provide details/reasons. |
|  |
| **5) Any other medical precautions** |
|  |
| **6) Remarks / recommendations / prognosis** |
|  |

|  |
| --- |
| **Completed by:** |
| **Doctor’s name** |  | **Signature** |  |
| **Contact no.** |  | **Date** |  |
| **Hospital / Clinic****(Official stamp)** |  |

# Section IV:

# To be completed by a Psychologist

Section IV must be completed by a qualified psychologist. Psychologists should refer to Chapter 5 of the “Psycho-educational Assessment & Placement of Students with Special Educational Needs: Professional Practice Guidelines” published by MOE (2011) when completing this section. Copies of the Professional Practice Guidelines have been distributed to all SPED schools, government hospitals, relevant VWOs as well as to members of the Singapore Psychological Society. A soft-copy of this document is also available from the following website:

<https://www.moe.gov.sg/docs/default-source/document/education/special-education/files/professional-practice-guidelines.pdf>.

The aim of Section IV is to provide SPED schools with a comprehensive analysis of the child’s psycho-educational needs. Evidence can be drawn from multiple sources, including the psychologist’s interviews, observations, standardised tests, checklists, teachers’ and caregivers’ views, and reports from other professionals who have worked with the child. The psychologist should base his / her conclusions and recommendations on the triangulation of comprehensive evidence.

A softcopy Word document version of this section can be downloaded from <https://www.moe.gov.sg/docs/default-source/document/education/special-education/files/sped-school-application-form.doc>. This version would allow psychologists more space for providing comments and details of assessment findings, if required.

# PSYCHOLOGICAL REPORT

When using standardised tests or rating scales, please ensure that the names of instruments are accurately stated, and all scores obtained (including sub-test scores) are included as appendices. Please attach all other relevant reports as appendices, including reports by other professionals who have worked with the student, (e.g. other psychologists, psychiatrists, and therapists).

**Child’s particulars**

|  |  |
| --- | --- |
| **Full name** |  |
| **BC/NRIC no.** |  | **Gender** |  |
| **Date of birth** |  | **Age**  |  |
| **School (if applicable)** |  | **Class / Level** |  |

**Diagnostic information** (attach supporting documents if any)

|  |  |
| --- | --- |
| **Diagnosis relevant to referral** | Diagnosis/diagnoses: Date of diagnosis: Agency / Professional:  |
| **Other diagnoses** (if any) | Diagnosis/diagnoses: Date of diagnosis: Agency / Professional:  |

**Background Information**

|  |
| --- |
| Please provide details of relevant information about the child’s medical history, past assessments or family background in this section. |
|  |

**Test Behaviour**

|  |
| --- |
| Please provide qualitative descriptions of the child’s test behaviours during the testing session(s) which may have implications for the interpretations of the tests results, e.g. child’s level of engagement and compliance during testing, reactions to challenges, and understanding of instruction and language used. Any accommodations and adaptations of the standardised administration protocol should also be documented here. If any of the tests were discontinued, please provide your reasons for doing so.  |
|  |

**Cognitive functioning**

|  |
| --- |
| Date of Assessment (no more than 2 years from the date of application): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Level of cognitive functioning** | Nonverbal cognitive functioningPlease tick one of the following:[ ]  Adequate functioning[ ]  Mild impairment[ ]  Moderate to severe impairment Verbal cognitive functioningPlease tick one of the following:[ ]  Adequate functioning [ ]  Mild impairment [ ]  Moderate to severe impairment  | Overall cognitive functioningPlease tick one of the following:[ ]  Adequate functioning[ ]  Mild impairment[ ]  Moderate to severe impairment[ ]  Not computed  |
| Please provide details of the child’s cognitive functioning below. Cognitive functioning refers to intellectual processes by which the student becomes aware of, perceives, or comprehends ideas. It involves his / her perception, thinking, reasoning and memory.  |
|  |

**Adaptive functioning**

|  |
| --- |
| Date of Assessment (no more than 2 years from the date of application): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Communication Skills** | Please tick one of the following:[ ]  Adequate communication skills [ ]  Mild deficit in communication skills [ ]  Moderate to severe deficit in communication skills  |
| Please provide details of the child’s communication skills below. Communication skills refer to the child’s ability to listen, understand and attend to messages, follow instructions, use interactive speech and express his/her ideas).  |
|  |
| **Daily Living Skills** | Please tick one of the following:[ ]  Adequate daily living skills [ ]  Mild deficit in daily living skills [ ]  Moderate to severe deficit in daily living skills |
| Please provide details of the child’s daily living skills below. Daily living skills refer to aspects of the child’s self-care, home-living, motor, self-direction, safety, health and leisure skills. |
|  |
| **Socialisation Skills** | Please tick one of the following:[ ]  Adequate socialisation skills [ ]  Mild deficit in socialisation skills [ ]  Moderate to severe deficit in socialisation skills |
| Please provide details of the child’s socialisation skills, i.e. responding to others, expressing and recognizing emotions, social communication, maintaining friendship, recognizing social cues, leisure skills, etc.  |
|  |

**Literacy and Numeracy Skills**

|  |  |  |  |
| --- | --- | --- | --- |
| **Literacy Skills** | Please tick one of the following:[ ]  Adequate literacy skills[ ]  Mild deficit in literacy skills[ ]  Moderate to severe difficulties in literacy skills | **Numeracy Skills** | Please tick one of the following:[ ]  Adequate numeracy skills[ ]  Mild deficit in numeracy skills[ ]  Moderate to severe difficulties in numeracy skills |
| Please provide details of the student’s literacy and numeracy skills below. The child’s literacy and numeracy skills can be determined from multiple sources such as observations, work samples and parent / teacher’s reports. |
|   |

**Other Assessment Information** (if available)

|  |
| --- |
| Please include details and information on other assessments that you have conducted here. (e.g. Autism Diagnostic Observation Schedule, Autism Diagnostic Interview – Revised) Date of Assessment (no more than 2 years from the date of application): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**Daily classroom functioning**

|  |
| --- |
| Please provide details of the student’s daily classroom functioning (e.g. level of on-task behaviour, degree of supervision needed, low student-teacher ratio required, behaviour support to address challenging behaviours).  |
|  |

**Vocational skills** (if applicable)

This section should be completed for students aged 17 years and above who are applying to a SPED school that offers vocational certification.

|  |
| --- |
| Date of Assessment (no more than 2 years from the date of application): |
| **Level of work readiness** | Name of instrument used for vocational assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Level of work readiness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please provide details of the child’s previous vocational training and work experience, and indicate the child’s level of work readiness, e.g. work attitude, work habits, work safety, interpersonal, communication and self-management skills. Psychologists can use the Becker Work Adjustment Profile Kit to assess the child’s work readiness, which can be found on this website:http://www.disabilitytraining.com/productinfo.php?Becker\_Work\_Adjustment\_Profile-pid59.html. |
|   |

**Other comments**

|  |
| --- |
| Please provide details of any other relevant needs, child’s views, interests and strengths. For children with sensory and/or physical impairments, please include information about developmental prognosis, if available. |
|  |

**Conclusions & Recommendations**

|  |
| --- |
| In this section, please make a clear statement of the child’s diagnosis/diagnoses. The psychologist is required to integrate all the evidence which provide the bases for recommending special education for the child. In addition, appropriate educational recommendations that will meet the child’s needs in the short and long term should also be included here.  |
|  |

**Recommended educational placement**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Based on my professional assessment and information presented in this report, this child’s special educational needs can be met in the following educational provision: (Please tick **no more than 2** boxes.)

|  |  |
| --- | --- |
| **Categories of SPED schools** | **Examples of SPED schools** |
| [ ] SPED schools that support students with sensory impairments. | Lighthouse School & Canossian School |
| [ ] SPED schools that support students with a diagnosis of Mild Intellectual Disability.  | Metta School, APSN Schools &Grace Orchard School |
| [ ] SPED schools that support students with Moderate to Severe Intellectual Disability. | MINDS Schools |
| [ ] SPED schools that offer Autism-specific programmes for students with Autism Spectrum Disorders. | Eden School,AWWA School, Rainbow Centre, St. Andrew’s Autism School |
| [ ] SPED schools that offer the mainstream curriculum to students with Autism Spectrum Disorders. | Pathlight School |
| [ ] SPED schools that support students with multiple disabilities and significant sensory or physical impairments. | AWWA School, Rainbow Centre &Cerebral Palsy Alliance Singapore |
| [ ] SPED schools that offer vocational certification to students with Mild Intellectual Disability (aged 16 to 18 years old). | Metta School & Delta Senior School |

 |

|  |
| --- |
| **Completed by:** |
| **Psychologist’s name** |  | **Signature** |  |
| **Designation** |  | **Contact No.** |  |
| **Organisation** |  | **Date** |  |
| **Email** |  |
| **Professional Affiliations (if any)** |  |
| **Supervised by (if applicable)** |  | **Signature** |  |

1. Referring agencies should ensure that parents have been given adequate information about their child’s educational options and have made an informed decision. [↑](#footnote-ref-1)
2. In listing their choice of SPED schools, parents should be guided by the recommendations of suitably qualified professionals, e.g. psychologists. Parents are strongly encouraged to state more than one choice of SPED school. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. Examples include home-based therapists, audiologists, music therapists, etc. [↑](#footnote-ref-4)