CONFIDENTIAL
REFERRAL FORM FOR EDUCATIONAL SUPPORT PROGRAMME (ESP)

BEFORE YOU FILL IN THIS FORM, PLEASE TAKE NOTE

- The Educational Support Programme (ESP) launched in April 2022 that caters to children aged eighteen months to six, who require low-medium levels of early intervention support. The ESP is delivered in six Presbyterian Preschool Services and integrates both early childhood education and early intervention for the eligible child in a preschool setting. The ESP seeks to provide a more inclusive learning experience for both typically developing and children with developmental needs.

- Please submit the following supporting documents

  - Referral Form
  - Medical Assessment done by paediatrician (Annex A)

- PPS reserves the right to reject any application that is incomplete, not supported by the required documents, or does not meet the eligibility criteria of the programme.

CONFIDENTIAL

REFERRAL FORM FOR EDUCATIONAL SUPPORT PROGRAMME (ESP)

ELIGIBILITY

- Singapore Citizen or Permanent Resident or Dependant Pass Holder
- 18 months to 6 years old and assessed with developmental needs requiring low to medium of Early Intervention by a paediatrician.

SUPPORTING DOCUMENTS

- Medical Assessment Report
- Permanent Resident/Dependant Pass supporting documents, if applicable

IMPORTANT NOTES

- The completed referral form must be signed by the parent/legal guardian.
- Medical Assessment from hospital or private doctor **must** be submitted.
- Upon receipt of the completed application form and all supporting documents, PPS will acknowledge the receipt of the application via email.

DATA PROTECTION

The information collected in this form shall be used to assess the suitability of the child to receive services from PPS. If the child is determined to be unsuitable, the information shall be deleted and no information shall be retained. If the child is deemed suitable, the personally identifiable information shall be kept as part of the records for the child until such time as the child is withdrawn or discharged, to the legal limits for data retention.

SEND APPLICATION TO

Email: kanniga@pcs.org.sg

susila@pcs.org.sg

CONFIDENTIAL
REFERRAL FORM FOR EDUCATIONAL SUPPORT PROGRAMME (ESP)

A. CHILD'S PARTICULARS

<table>
<tr><td colspan="2">Full Name:_____
(as per NRIC/BC)</td></tr>
<tr><td colspan="2">Citizenship: ☐ Singaporean ☐ Permanent Resident ☐ Others (please specify): _____</td></tr>
<tr><td colspan="2">Identification Number:</td></tr>
<tr><td>Date of Birth: _____
(DD/MM/YYYY)

Gender: ☐ Male ☐ Female</td><td>Race: ☐Chinese
☐Malay
☐Indian
☐Eurasian
☐Other

Age: _____</td></tr>
<tr><td colspan="2">Address:

Postal Code:</td></tr>
<tr><td colspan="2">Spoken Languages:</td></tr>
<tr><td colspan="2">Any diagnosis: ☐ Yes ☐ No

If yes, submit medical assessment report.
If no, get your child assessed by a paediatrician and submit medical assessment report.</td></tr>
<tr><td colspan="2">Attending Preschool: ☐ Yes ☐ No

If yes, name of preschool _____, Level_____, Full day or Half Day</td></tr>
<tr><td colspan="2">Attending Early Intervention: ☐ Yes ☐ No

If yes, name of EIPIC centre _____, No of days & hours _____</td></tr>
</table>

B. FAMILY PARTICULARS

Father (Full Name)	Mother (Full Name)	Legal Guardian (Full Name)

Primary Caregiver: ☐ Father ☐ Mother ☐ Legal Guardian

Main Contact Person: ☐ Father ☐ Mother ☐ Legal Guardian

Email Address:

Father_____

Mother_____

Legal Guardian_____

Mobile Number:

Father_____

Mother_____

Legal Guardian_____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

State of Custody ☐ Parent/Legal Guardian ☐ Deputy ☐ Donee
If Divorced:

Address:
_____

(if different from child)

C. DECLARATION

I,_____(name of parent/legal guardian), holder of

NRIC_____(last 4 digits) declare the information is correct.

Name of Parent/Legal Guardian

_____

Signature of Parent/Guardian

_____

Date

_____

Annex A

Confidential

D. MEDICAL REPORT (TO BE FILLIED IN BY DOCTOR)

Please tick where applicable.

1) Diagnosis and Medical Information
Primary Diagnosis ☐ Suspected ☐ Confirmed
☐ ASD ☐ Intellectual Disability ☐ Cerebral Palsy ☐ Speech & Language ☐ ADHD ☐ Physical Disability ☐ Hearing Impairment ☐ Dyslexia ☐ Others _____
2) Level of Early Intervention Support
For ESP, we serve children requiring low-medium level of EI support. Programme not suitable for children requiring high-level EI support ☐ Low Level ☐ Medium Level ☐ High-level
3) Developmental milestones
☐ Delayed since infancy (less than 24 months) ☐ Delayed since childhood ☐ Normal initially, but delayed since cerebral injury at_____ age ☐ Developmental regression ☐ Information not available ☐ Others (Please specifiy)_____
4) Describe Current Medical Condition (on medication/respiratory condition/ seizure etc)

5) HEARING ASSESSSMENT
☐ Grossly Normal ☐ Suspected Hearing Loss
If suspected hearing loss selected, describe the condition
6) VISION ASSESSMENT
☐ Grossly Normal ☐ Suspected Hearing Loss
If suspected vision loss selected, describe the condition
7) GROSS MOTOR SKILLS
☐ Within normal limits ☐ Delay ☐ Abnormal Muscle Tone (specify)_____
8) FINE MOTOR SKILLS
☐ Age Appropriate ☐ Delay ☐ Information not available
9) SELF-CARE SKILLS
Feeding ☐ Age Appropriate ☐ Delay ☐ Information not available **Toileting** ☐ Age Appropriate ☐ Delay ☐ Information not available

10) LANGUAGE AND COMMUNICATION

☐ Vocalisation, cooing Babbling,

☐ No intelligible words

☐ Single words mainly (including papa, mama)

☐ 2-to 4-word sentences

☐ Talks in complete sentences

☐ Able to request

☐ Poor communicative intent

☐ Primarily communicates through gestures

☐ Others (Please specify)_____

11) SOCIAL BEHAVIOURAL SKILLS (MAY TICK MORE THAN ONE BOX)

☐ Within normal limits

☐ Poor eye contact/joint attention

☐ Poor social interaction

☐ Hyperactive

☐ Passive

☐ Aggressive/Self-Injurious

☐ Other behaviour observations_____

12) BEHAVIOURAL CONCERNS SUGGESTING FOR 1-ON-1 SUPPORT(pls indicate if applicable)

☐ **Significant Aggression –** Exhibits aggression to self and/or others and needs one-on-one assistance (e.g. bites/spits/kicks/hits/throw things at children and adults in preschool.

☐ **Significant Temper Tantrums –** Throws temper tantrums and need 1-on-1 assistance to calm down frequently.

☐ **Significant Defiance –** Often refuses to comply with instructions and need 1-on-1 assistance to comply frequently.

☐ **Significant Hyperactivity –** Hyperactivity and impulsivity that interfere with learning of others and self and need 1-on-1 assistance

13) COGNITIVE FUNCTION
☐ Fairly appropriate for age ☐ Mild to Moderate cognitive delay ☐ Severe cognitive delay ☐ Unable to assess ☐ Others (Please specify)_____

E. RECOMMENDATION

Is the Educational Support Programme (ESP) suitable for the child ? ☐ Yes ☐ No (state reasons) _____

Report prepared by:

Name of Doctor/Staff **MRN**	**Signature/Date**
Contact Number **Email**	**Hospital/Clinic/Dept**