

Low Vision Services Referral Form

Community Integration Service (CIS)

CIS Low Vision Service supports children with diagnosed low vision conditions in mainstream schools. In order to facilitate the enrolment of your child/student, please ensure the following documents are in order during submission:

- Birth Certificate
- Medical Report from Ophthalmologist/Optomtrist
- Child's Academic Performance
- Completed Low Vision Services Referral Form

SECTION A: CHILD + PARENT INFORMATION

CHILD'S PARTICULARS

Name	: _____	Gender	: Male/Female
Date of Birth	: _____	BC No.	: _____
Address	: _____	Postal Code	: _____
Contact Number (If applicable)	: _____	Nationality	: _____
Language(s) Spoken	: _____	Race	: _____
Diagnosis/Condition	: _____		
Medical History	: _____		
Assistive Device(s) Used	: _____		
School	: _____	Class	: _____

PARENT'S INFORMATION

Name & Relationship	: _____	Contact	: _____
Email	: _____	Occupation	: _____

SOURCE OF REFERRAL

Name of referee	:	_____
Relationship to child	:	_____
Designation	:	_____
Institution (where applicable)	:	_____
Contact Number	:	_____
Email	:	_____

Reason(s) for referring the child:

[Common difficulties include – Participation in Lessons; Near/Distance Vision issues; Orientation & Mobility; Social Interactions; Participating in Leisure Activities]

SECTION B: SCHOOL INFORMATION FORM

SCHOOL INFORMATION FORM

To be completed by school personnel

Name of child : _____ Age : _____
School : _____ Class : _____

Students with Low Vision often face multiple difficulties in school that not only affect their school performance, but also their mobility, social relationships, and participation in leisure and co-curricular activities. Please share with us any comments that can help us to better understand the student's needs including:

- Vision-related issues for school activities and performance
- Orientation and Mobility issues in school environment
- Social relationship issues with peers
- Issues in use of Assistive Technology (AT) in school

REQUEST FOR PROFESSIONAL INVOLVEMENT

Please ensure that student's diagnosis details have been entered into School Cockpit Special Education Needs (SEN) Panel before submission of this form.

School Personnel (Name/ Designation)	Signature	Date
Recommended by School Principal (Name)	Signature	Date
I _____ (Parent/ Caregiver), consent to the referral to AWWA Ltd. – Community Integration Service	Signature	Date

SECTION C: OTHER INFORMATION + RELEVANT REPORTS

Please tick if there are any other concerns regarding the child's:

- School Attendance Health/Physical Status Family Circumstances Hearing Learning/Behavioural Issues
- Social Communication Emotional well-being

Other professionals working with the child? Yes / No

Name of Agency/ Hospital/ Organization : _____

Name of Professional/Optomertist/Ophthalmologist : _____

Designation in above institution : _____

(Please attach any additional information/reports that are available)

Any further information:

Please ensure the following documents are in order before sending your referral form to AWWA CIS Low Vision Service:

1. Personal Documents + Medical Reports:
 - Child's Birth Certificate
 - Medical Report(s) from the Optometrist/Ophthalmologist
2. Student's Academic Performance
 - Most recent CA/SA result slips
3. Completed Low Vision Services Referral Form including:
 - Section A: Child + Parent Information
 - Section B: School Information Form
 - Section C: Other Information + Relevant Reports

Please return completed forms to: Programme Manager
AWWA Community Integration Service
9 Lorong Napiri
Singapore 547531
Tel: 6511-5210
Fax: 6511-5209

OR email to: Senior Social Worker
AWWA Community Integration Service
siewhui_lee@awwa.org.sg