

Low Vision Services Referral Form

Community Integration Service (CIS)

CIS Low Vision Service supports children with **diagnosed low vision conditions** (e.g. maculopathy, cone rod dystrophies, nystagmus, retinitis etc) in mainstream schools.

Based on the **World Health Organization (2019)**, students with **Low Vision** are defined as persons who are using or can potentially use their residual vision for the planning and execution of various vision-related tasks (e.g. looking at the whiteboard to copy notes; accessing worksheets for reading or writing; moving across different school areas and terrains; performing lab practical or computer-related activities), and have:

- **Visual acuity of 6/18 or worse** in the better eye or both eyes, **and/or**
- **Visual field of less than 10 degrees** from point of fixation, **and/or**
- **Impaired visual functioning (even after treatment and/or standard refractive correction)** resulting in difficulties in the planning and executing activities requiring vision

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 etc]

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 child'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 AT Device use 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 student's:

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

Other professionals working with the client? Yes / No

Name of Agency/ Hospital/ Organization : _____

Name of Professional/Optomtrist/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. Pupil'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