

## Services Referral Form

### Community Integration Service (CIS)

AWWA CIS serves children and youths with disabilities in mainstream schools by maximizing their potential and promoting participation and integration in their home, school, and community environments. We are able to support your child/student if he/she falls within the following diagnostic groups:

- Physical Disabilities (including muscular dystrophy, cerebral palsy, spinal muscular atrophy)
- Global Developmental Delays (GDD) and related conditions
- Developmental Coordination Disorders (including dyspraxia) and related conditions, and
- Speech Sound Disorders and related conditions.

If your child/student has low vision issues only, please use our [Low Vision Services Referral Form](#) to activate the referral.

#### **SECTION A: CHILD + PARENT INFORMATION**

##### **CHILD'S PARTICULARS**

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

##### **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:**

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**SECTION C: SCHOOL INFORMATION FORM**

**SCHOOL INFORMATION FORM**

*To be completed by school personnel*

Name of child : \_\_\_\_\_

Age : \_\_\_\_\_

School : \_\_\_\_\_

Class : \_\_\_\_\_

**Comments that can help us to better understand the child's needs:**

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**STUDENT'S ACADEMIC PERFORMANCE**

Please attach:

- Most recent CA/SA result slips
- Copy of student's work

**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 D: OTHER INFORMATION & RELEVANT REPORTS

For the following checklist, please tick yes or no to describe the child's abilities. This will help us better understand the child's needs.

	Yes	No
Able to walk independently		
Uses a mobility aid <i>If yes, please describe:</i> _____		
Able to carry out gross motor activities and participate in sports adequately (e.g. Throwing a ball)		
Able to maintain a stable seated position in chair		
Able to carry out fine motor activities such as drawing , coloring, cutting and writing adequately		
Able to carry out activities of daily living such as dressing, grooming, feeding independently and effectively		
Able to move around without bumping into objects or people		
Able to remember, organize and keep personal belongings		
Able to remember and follow schedules (e.g. school and personal activities)		
Able to use accurate sounds when speaking <i>If no, please give examples:</i> _____		
Able to accurately say long words (e.g. hippopotamus, motorcycle) <i>If no, please give examples:</i> _____		
Able to speak fluently without repeating sounds and words <i>If no, please give examples:</i> _____		
Able to speak fluently without long pauses in speech <i>If no, please give examples:</i> _____		

**Please ensure the following documents are in order before sending your Services Referral Form to AWWA CIS:**

1. Student's Academic Performance
  - Most recent CA/SA result slips
  - Copy of student's work
2. Completed Services Referral Form including:
  - Section A: Child + Parent Information
  - Section B: Referral Reports
  - Section C: School Information Form
  - Section D: Other Information & Relevant Reports
  - Annex A: Medical Information Form (where applicable)

Please return completed form 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](mailto:siewhui_lee@awwa.org.sg)

**ANNEX A: MEDICAL INFORMATION FORM**

**MEDICAL INFORMATION FORM**

*To be completed by doctor*

*(in the absence of any existing Medical/Psychologist report)*

Name of Patient : \_\_\_\_\_ B/C No.: \_\_\_\_\_

Diagnosis : \_\_\_\_\_

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<b>Birth History</b>	
<b>Brief Medical/ Surgical History</b>	
<b>Milestones</b>	
<b>Motor Skills (Gross/ Fine)</b>	
<b>Contracture &amp; Deformity</b>	
<b>Sensation</b>	
<b>Bladder &amp; Bowel Movement</b>	
<b>Orthotic Appliances / Aids / Wheelchair</b>	
<b>Functional Status</b>	

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Designation: \_\_\_\_\_

Date : \_\_\_\_\_