



Enabling through Assistive Technology

Jointly managed by SG ENABLE SPD

Located at:
Enabling Village
Village Green
20 Lengkok Bahru
#01-06 Singapore 159053

For admin use only

Received by:
Date
Acknowledged by:
Date:

AT ASSESSMENT - REFERRAL FORM

Please ensure ALL applicable sections of the form are completed.

Email: atc@spd.org.sg Telephone number: 64730446

ATC Website: http://www.spd.org.sg/specialised-assistive-technology-centre.html

Client's Particulars

Name: Gender: Male Female

NRIC/FIN/Birth Cert: [IC type: Pink Blue]

Date of birth: (dd/mm/yyyy) Nationality:

Race: Chinese Malay Indian Eurasian Others:

Language spoken: English Mandarin Malay Tamil Dialect/Others:

Address: Singapore ()

Contact No: (Home) (Hp) (Office)

Email Address:

School (Grade) /Work (Position):

Please tick the services needed

Assistive Technology (Tick where applicable)

- Powered Mobility (Wheelchair/Scooter) Computer Access
Alternative and Augmentative Communication (AAC) Environmental Control
Others:

REASON FOR REFERRAL/MAIN CONCERNS (Please attach reports/extra pages if applicable)

Large empty box for providing reasons for referral or main concerns.

Referral Source (If Applicable)

Name: Designation:
Organisation: Contact No.:
Email Address: Referral Date:

Key Family Contact

Name: _____ Relationship to client: _____
 Main Contact No.: _____ Language spoken: _____
 Email Address: _____

NATURE OF DISABILITY Check all that apply and specify in the blanks below

Medical Diagnosis: _____

Physical Disability _____ Intellectual Disability _____
 Developmental Disability _____ Multiple Disabilities _____
 Hearing Impairment _____ Visual Impairment _____
 Others: _____

OTHER CONSIDERATIONS (Check all that apply)

History of seizures Has frequent ear infections Others: _____
 Fatigues easily Has degenerative medical condition

Usage of Mobility/Visual/Hearing/Communication Device: No Yes (Pls specify: _____)

Requires financial assistance: No Yes

SPD PRIVACY POLICY- SELF-DECLARATION FOR CLIENTS

I fully understand and agree that the personal information which I have provided, including my health, medical, social, financial information and photographs, may be disclosed to other agencies or individuals for the purposes as stated below. I trust that the information will strictly be used for the purpose stated:

- a) For processing my application, including assessments and evaluations, for services, programmes and assistance offered by other organisations, in order to provide holistic support in my best interest;
- b) For professional discussions between SPD and other agencies involved in the provision of my care, for the purpose of enhancing service delivery in my best interest;
- c) For generating social, welfare, financial, regulatory, management or other related reports and performance of analytics. Personal data will be anonymised where possible or applicable;
- d) To relevant government authorities, ministries, statutory boards, agencies or any person to whom disclosure is allowed or required by law, regulation or any other applicable instrument, for legal purposes;
- e) For public education, advocacy, outreach, fund raising, and/or other related activities;
- f) Any other purposes related to providing me with the necessary and relevant assistance for my situation.

I agree for SPD to contact me for any other purpose related to the services SPD is providing or had provided me with and/or matters which I have an on-going relationship with SPD.

If applicable: This information has been translated to me in _____
 (language) by _____ (staff's name, designation/organisation)
 on _____ (date).

 Name of client*/caregiver/parent

 Signature/Thumbprint/Date

**For minors below 21 years old, or clients above 21 years old and certified mentally incapacitated, consent will be obtained from parent and/or legal guardian on client's behalf.*

Please fill up the following if you are requesting for an AAC assessment

Alternative and Augmentative Communication (AAC)

1. Have any recent speech-language assessments been completed with the individual? yes no
 What were the results?(please attach it along with this form if available)

2. How does the individual answer yes/no questions? Describe:

3. Who best understands the individual and why?

4. What is your estimate of the individual's ability to: (describe)
 - a. Understand directions/commands:
 - b. Make choices :
 - c. Express general ideas :

5. Is the individual able to read/spell/write? yes no Please describe:

6. Does the individual already use a communication device to communicate (e.g. iPad, manual communication board, PECS, eye gaze)? yes, please specify _____ no
Note: Please bring along any existing communication devices/books for the AT assessment

7. What activities/items/interests does the individual like/have?

8. How would you describe the individual's general physical abilities and/or behavioural challenges?

9. Does the individual have:

a wheelchair (manual/power)	<input type="checkbox"/> yes <input type="checkbox"/> no Describe:
laptray on wheelchair	<input type="checkbox"/> yes <input type="checkbox"/> no Describe:
braces (hands/feet/body)	<input type="checkbox"/> yes <input type="checkbox"/> no Describe:
glasses	<input type="checkbox"/> yes <input type="checkbox"/> no Describe:
hearing aid(s)	<input type="checkbox"/> yes <input type="checkbox"/> no Describe:

Note: Please bring spectacles/hearing aids/lap tray for the AT assessment session (if applicable)

10. Circle parts of the body the individual can voluntarily control
 Head arm fingers elbow foot toe fist eye other: _____



Thank you for completing this form. Please contact us at 64730466 or ATC@spd.org.sg if you have further questions.

*Please bring the following during the assessments:

- NRIC/FIN (Including parents NRIC for minors)
- Medical Reports/Speech-Language Reports/Psychological Reports (If applicable)
- CHAS card/financial assistance documents (e.g. Pioneer Card)/Medifund letter or card