



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 according to the services selected

Computer Access

1. Is the individual able to follow one to two-step instructions consistently? no yes
2. Does the individual have any loss of sensation? no yes _____
3. Circle parts of the body the individual can voluntarily control
Head / arm / fingers / elbow / foot / toe / fist / eye / other: _____
4. Circle the devices that the individual is currently using:
Desktop / laptop / tablet / iPad / smartphone / others _____
5. How long has the individual been using the above device? _____
6. Is the individual currently using any specialised keyboard/mouse/software? no yes
7. How long has the individual been using the above device? _____

Powered Mobility

1. Is the individual able to follow one to two-step instructions consistently? no yes
2. Does the individual have any loss of sensation? no yes _____
3. Does the individual have any current/history of pressure sore? no yes _____
4. Does the individual have any deformity that may require specialised seating? no yes

5. Does the individual need any assistance or special equipment (e.g. hoist) in transfers? no yes

6. Where does the individual intend to use the device? indoor outdoor _____
7. What mobility device(s) is the individual currently using?
 motorised wheelchair mobility scooter manual wheelchair walking aids none
8. How long has the individual been using the device? _____
9. Circle parts of the body the individual can voluntarily control
Head arm fingers elbow foot toe fist eye other: _____

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: _____

Environmental Access

1. Is the individual able to follow one to two-step instructions consistently? no yes
2. Does the individual have any loss of sensation? no yes _____
3. Circle parts of the body the individual can voluntarily control
Head / arm / fingers / elbow / foot / toe / fist / eye / other: _____
4. Where does the individual spend a greater portion of his/her time in?
 bed (standard bed / hospital bed) wheelchair (manual / motorised)
 others (e.g. sofa, geriatric chair) _____
5. Is the individual currently using any device to control appliances? no yes _____
6. Circle the devices that the individual is currently using:
Desktop / laptop / tablet / iPad / smartphone / others _____

 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