# PSYCHOLOGICAL REPORT

This psychological report should only be completed by a qualified psychologist for students currently in a mainstream school.

When using standardised tests or rating scales, please ensure that the names of instruments and technical information are accurately included. Please attach all other relevant reports as appendices, including reports by other professionals who have worked with the student, (e.g., other psychologists, psychiatrists, and therapists).

**Student’s particulars**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | | |
| **BC/NRIC no.** |  | **Sex** |  |
| **Date of birth** |  | **Age** |  |
| **School** |  | **Class/ level** |  |

**Diagnostic information** (attach supporting documents if any)

*(Delete the rows as applicable but* ***do not change*** *the alignment of the words and the wordings in the first column and* ***do not add new rows****)*

|  |  |  |
| --- | --- | --- |
| **Diagnosis relevant to referral** | | |
| Diagnosis – 1 | : | Click or tap here to enter text. |
| Date of diagnosis – 1 | : | Click or tap to enter a date. |
| Agency / Professional – 1 | : | Click or tap here to enter text. |
| Diagnosis – 2 | : | Click or tap here to enter text. |
| Date of diagnosis – 2 | : | Click or tap to enter a date. |
| Agency / Professional – 2 | : | Click or tap here to enter text. |
| Diagnosis – 3 | : | Click or tap here to enter text. |
| Date of diagnosis – 3 | : | Click or tap to enter a date. |
| Agency / Professional – 3 | : | Click or tap here to enter text. |
| Diagnosis – 4 | : | Click or tap here to enter text. |
| Date of diagnosis – 4 | : | Click or tap to enter a date. |
| Agency / Professional – 4 | : | Click or tap here to enter text. |

*(Delete the table below if not applicable)*

|  |  |  |
| --- | --- | --- |
| **Other Diagnosis** (if any) | | |
| Other Diagnosis/diagnoses | : | Click or tap here to enter text. |
| Date of diagnosis – Others | : | Click or tap here to enter text. |
| Agency / Professional – Others | : | Click or tap here to enter text. |

**Background Information**

|  |  |
| --- | --- |
| **Developmental milestones** | Motor: Walked without assistance at Click or tap here to enter text.  Speech: Choose an item.   * First words: Click or tap here to enter text. * Phrasal speech: Click or tap here to enter text. * Sentences: Click or tap here to enter text. |
| **Family** | Primary Language used: Click or tap here to enter text.  Other languages used: Click or tap here to enter text.  Child Protection Services History: Choose an item.  Period of involvement: Click or tap here to enter text.  Agency: Click or tap here to enter text.  Nature of involvement: Click or tap here to enter text.    Other relevant information: Click or tap here to enter text. |
| **Educational history** | **Primary School**   * Name of primary school: Click or tap here to enter text. * Period of enrolment: Click or tap here to enter text. * Attendance: Click or tap here to enter text.   **Preschool** *(if applicable)*   * Name of centre: * Period of enrolment: Click or tap here to enter text. * Group size: Click or tap here to enter text.   **EIPIC** (*if applicable)*   * Name of centre: Click or tap here to enter text. * Period of enrolment: Click or tap here to enter text. * Frequency of intervention: Click or tap here to enter text. hour(s)/ Click or tap here to enter text. days per week * Group size: Click or tap here to enter text. |
| **Intervention history** | Choose an item.   * Type of therapy/ intervention: Click or tap here to enter text. * Professional/Agency: Click or tap here to enter text. * Period of intervention: Click or tap here to enter text. * Frequency of intervention: Click or tap here to enter text. * Format: Click or tap here to enter text.   Choose an item.   * Type of therapy/ intervention: Click or tap here to enter text. * Professional/Agency: Click or tap here to enter text. * Period of intervention: Click or tap here to enter text. * Frequency of intervention: Click or tap here to enter text. * Format: Click or tap here to enter text.   Choose an item.   * Type of therapy/ intervention: Click or tap here to enter text. * Professional/Agency: Click or tap here to enter text. * Period of intervention: Click or tap here to enter text. * Frequency of intervention: Click or tap here to enter text. * Format: Click or tap here to enter text.   Choose an item.   * Type of therapy/ intervention: Click or tap here to enter text. * Professional/Agency: Click or tap here to enter text. * Period of intervention: Click or tap here to enter text. * Frequency of intervention: Click or tap here to enter text. * Format: Click or tap here to enter text.   Choose an item.   * Type of therapy/ intervention: Click or tap here to enter text. * Professional/Agency: Click or tap here to enter text. * Period of intervention: Click or tap here to enter text. * Frequency of intervention: Click or tap here to enter text. * Format: Click or tap here to enter text. |
| **Assessment history**  (Please attach past assessment reports / memos) | Key findings (may include information of cognitive and adaptive functioning): |
| **Medical precautions (if known)** | Medical issues, if any: |

**Test Behaviour**

|  |  |
| --- | --- |
| **Interaction**: Choose an item. |  |
| **Attention:** Choose an item. |  |
| **Motivation:** Choose an item. |  |
| **Other test behaviours which may have implications for the interpretations of the test results** | *E.g., student’s level of engagement and compliance during testing, reactions to challenges, and understanding of instruction and language used* |
| **Reasons for discontinuing any of the tests** (if applicable) |  |
| **Modification made to any of the tests** (if applicable) |  |
| **Testing of limits conducted for any of the tests** (if applicable) |  |

**Cognitive functioning**

|  |  |  |
| --- | --- | --- |
| **Date of Assessment**  (no more than 2 years from the date of application) |  | |
| **Name of cognitive test administered** |  | |
| **Level of cognitive functioning**  (refer to page 60 of the Professional Practice Guidelines: <https://www.moe.gov.sg/-/media/files/special-education/professional-practice-guidelines.pdf>) | **Verbal cognitive functioning**  Please tick one of the following:  Adequate functioning  Mild impairment  Moderate to severe impairment  **Nonverbal cognitive functioning**  Please tick one of the following:  Adequate functioning  Mild impairment  Moderate to severe impairment | **Overall cognitive functioning**  Please tick one of the following:  Adequate functioning  Mild impairment  Moderate to severe impairment  Not computed: Click or tap here to enter text. |
| **Technical information** |  | |
| **Validity** | Are the assessment results a valid representation of the student’s ability?    Choose an item.  *Remarks:*  Click or tap here to enter text. | |
| **Other relevant information**  (This can include explaining discrepancy in scores, error analysis and pattern of performance on the assessment) |  | |

**Adaptive functioning**

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| --- | --- | --- |
| **Date of Assessment**  (no more than 2 years from the date of application) |  | |
| **Name of adaptive functioning tool used** |  | |
| **Source of information** | Information is gathered from:  Parent: Choose an item.  Teacher: Click or tap here to enter text.  Others: Click or tap here to enter text. | |
| **Level of adaptive functioning**  (refer to page 60 of the Professional Practice Guidelines: <https://www.moe.gov.sg/-/media/files/special-education/professional-practice-guidelines.pdf>) | **Communication**  Please tick one of the following:  Adequate communication skills  Mild deficit in communication skills  Moderate to severe deficit in communication skills  **Daily Living Skills**  Adequate daily living skills  Mild deficit in daily living skills  Moderate to severe deficit in daily living skills  **Socialisation**  Adequate socialisation skills  Mild deficit in socialisation skills  Moderate to severe deficit in socialisation skills | **Overall adaptive functioning**  Please tick one of the following:  Adequate functioning  Mild deficit  Moderate to severe deficit  Not computed: Click or tap here to enter text. |
| **Technical information** |  | |
| **Sensory and Physical Needs**  (For students with sensory, motor, or physical needs, please include information about developmental prognosis, if available) | *E.g., student has a physical disability which is degenerative / can be improved over time* | |
| **Other relevant information**  (This can include explaining discrepancy in scores, error analysis and pattern of performance on the assessment) |  | |

**Literacy and Numeracy Skills**

|  |  |  |
| --- | --- | --- |
| **Date of Assessment**  (if available; no more than 2 years from the date of application) |  | |
| **Name of literacy / numeracy tool used**  (if applicable) |  | |
| **Level of literacy and numeracy skills** | **Literacy Skills**  Adequate literacy skills  Mild deficit in literacy skills  Moderate to severe deficit in literacy skills | **Numeracy Skills**  Adequate numeracy skills  Mild deficit in numeracy skills  Moderate to severe deficit in numeracy skills |
| **Technical information** |  | |
| **Validity** | Are the assessment results a valid representation of the student’s ability?  Choose an item.  *Remarks:*  Click or tap here to enter text. | |
| **Other relevant information**  (This can include explaining discrepancy in scores, error analysis and pattern of performance on the assessment) |  | |

Please tick the checkboxes to reflect the student’s current proficiency in literacy and numeracy skills. Psychologists are encouraged to consult the teachers to complete this section accurately.

|  |  |
| --- | --- |
| **Literacy** | **Numeracy** |
| Letter/word recognition  Recognise Choose an item. upper-case letters accurately  Recognise Choose an item. lower-case letters accurately  Recite Choose an item. letters in alphabetical order  Has Choose an item. letter-sound knowledge  Recognise approximately Choose an item. high frequency words  *Remarks:* Click or tap here to enter text.  Reading  Read approximately Choose an item. words accurately  Decode unfamiliar words Choose an item.  Read simple stories out loud Choose an item.  Read and understand materials that are Choose an item. level  *Remarks*: Click or tap here to enter text.  Writing  Form Choose an item. upper-case letters accurately  Form Choose an item. lower-case letters accurately  Sequence Choose an item. letters in order  Copy words and phrases with Choose an item. understanding of basic writing conventions (e.g., spaces between words, appropriate use of upper- and lower-case letters)  Spell approximately Choose an item. words accurately  Spell unfamiliar words Choose an item.  Write simple sentences of three or more words Choose an item.  Write a short paragraph of approximately Click or tap here to enter text. sentences long Choose an item.  *Remarks*: Click or tap here to enter text. | Numbers  Count up to 20  Read numbers up to Choose an item. in Choose an item.  Write numbers up to Choose an item. in Choose an item.  Compare and order numbers in sequence  Round numbers to the nearest Choose an item.  *Remarks*: Click or tap here to enter text.  Numerical operations  Understand mathematical signs: +, -, x, ÷  Perform additions involving up to Choose an item.-digit numbers  Perform subtractions involving up to Choose an item.-digit numbers  Display mastery of multiplication facts up to Choose an item.  Perform Choose an item. division  Solve up to Choose an item.-step word problems involving Choose an item.  *Remarks:* Click or tap here to enter text.  Time  Tell time to the Choose an item.  Measure time in Choose an item.  Convert time in hours and minutes to minutes only, and vice versa  Solve problems involving time in 24-hour clock  *Remarks:* Click or tap here to enter text.  Geometry  Recognise four basic shapes  Use basic shapes to form different figures (e.g., use 2 squares and a triangle to form a boat)  *Remarks:* Click or tap here to enter text.  Money  Recognise coins and notes of different denominations  Count amount of money in dollars and cents  Read and write money in decimal notation  Add and subtract money in decimal notation  Solve word problems involving addition and subtraction of money in Choose an item.  *Remarks:* Click or tap here to enter text. |

*This section was developed with references to adaptive behaviour measures and MOE’s primary mathematics curriculum (2021).*

**Daily classroom functioning**

Information could be gathered through direct observations or through interviews with parents, teachers, or allied health professionals who work with the student.

|  |  |
| --- | --- |
| **A** | **Student’s ability to access learning** |
| A1 | **Is the student’s ability to complete learning tasks comparable to his/her peers?**  Choose an item.  *Remarks*: Click or tap here to enter text. |
| A2 | **What is the student’s pace of learning as compared to other students in his/her class?**  Choose an item.  *Remarks*: Click or tap here to enter text. |
| A3 | **What is the student’s ability in carrying out tasks which require writing?** *(select all that apply)*  Able to do free-writing tasks  Able to copy from board  Able to copy from a sample on his/her table  Able to do multiple-choice questions (answers need not be correct)  Able to do fill-in-the-blanks type of questions (answers need not be correct)  Does not do any written work unless given hand-over-hand support  *Remarks*: Click or tap here to enter text. |
| A4 | **What additional supports are required to help the student to understand the lessons?**  No additional supports are required  Additional supports are required: Click or tap here to enter text. |
|  | **Group Learning** |
| B1 | **What is the student’s typical engagement relative to his/her peers in a group learning setting?**  Choose an item.  *Remarks*: Click or tap here to enter text. |
| B2 | **What is the level of adult supervision / assistance required by the student in order to be meaningfully engaged in learning in a group setting?**  Choose an item.  *Remarks*: Click or tap here to enter text. |
| B3 | **What additional supports are required to help the student to be engaged in the lessons?**  No additional supports are required  Additional supports are required: Click or tap here to enter text. |
| B4 | **How well can the student follow group verbal instructions?**  **Verbal instructions (without prompts)**  Up to Choose an item. routine instructions  Up to Choose an item. non-routine instructions  Not able to follow  **Verbal instructions (with gestures)**  Up to Choose an item. routine instructions  Up to Choose an item. non-routine instructions  Not able to follow  **Please tick the statement(s) that describes the student:**  Requires physical guidance all the time/ sometimes.  Requires visual supports all the time/ sometimes.  Requires verbal instructions to be repeated more often than his/her peers.  *Remarks*: Click or tap here to enter text. |
| B5 | **How long can the student sustain his/her attention on the following types of classroom activities?**  **Lesson time**  Choose an item.  *Remarks*: Click or tap here to enter text.  **Written work**  Choose an item.  *Remarks*: Click or tap here to enter text.  **Hands-on activities**  Choose an item.  *Remarks:* Click or tap here to enter text. |
| B6 | **How long can the student remain seated?**  Less than 5 minutes  Between 5 to 10 minutes  10 to 20 minutes  More than 20 minutes  *Remarks*: Click or tap here to enter text. |
| B7 | **What could hinder the student from accessing learning in a group/classroom setting?**  *For instance, challenging behaviours, meltdowns, peer-related factors, and environmental distractors. Please give specific examples and describe the support provided below*.  Click or tap here to enter text. |

**Other Assessment Information** (if available)

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| --- |
| Please include details and information on other assessments that you have conducted here.  (e.g., Autism Diagnostic Observation Schedule, Autism Diagnostic Interview – Revised)  **Date of Assessment** (no more than 2 years from the date of application): Click or tap here to enter text. |
|  |

**Vocational skills** (if applicable)

This section should be completed for students aged 17 years and above who are applying to a SPED school that offers vocational certification.

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| --- | --- |
| **Date of Assessment** (no more than 2 years from the date of application): Click or tap here to enter text. | |
| **Level of work readiness** | Name of instrument used for vocational assessment: Click or tap here to enter text.  Level of work readiness: Click or tap here to enter text. |
| Please provide details of the student’s previous vocational training and work experience. Describe the student’s level of work readiness. This could include, but not limited to, information about student’s work attitude, work habits, work safety, interpersonal, communication, and self-management skills. | |
|  | |

**Student’s view, strengths, and interests**

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| --- |
| Please provide details of student’s views, interests, strengths, and any other relevant needs. |
|  |

**Conclusions & Recommendations**

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| --- |
| In this section, please make a clear statement of the student’s diagnosis/diagnoses. The psychologist is required to integrate all the evidence which provide the bases for recommending special education for the student. In addition, appropriate educational supports that will meet the student’s needs in the short and long term should also be included here. |
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| --- | --- | --- |
| **Completed by:** | | |
| Psychologist’s Name | : | Click or tap here to enter text. |
| Designation | : | Click or tap here to enter text. |
| Organization | : | Click or tap here to enter text. |
| Contact No. | : | Click or tap here to enter text. |
| Email | : | Click or tap here to enter text. |
| Professional Affiliations  *(if any)* | : | Click or tap here to enter text. |
| Signature | : |  |
| Supervised by  *(if applicable)* | : | Click or tap here to enter text. |
| Supervisor’s Signature  *(if applicable)* | : |  |
| Date of Report | : | Click or tap to enter a date. |

**For official use:**

**recommended educational placement by MOE**

MOE recommends that the student’s special educational needs are best met in the following educational provision and SPED school:

|  |  |  |
| --- | --- | --- |
| Educational Provision | : | Choose an item. |
| SPED School | : | Choose an item. |
| Parent(s) / Legal Guardian(s) have consented to the transfer | : | Choose an item. |
| Date | : | Click or tap to enter a date. |