

VERSION 2.0



Ministry of Education
SINGAPORE

COMPREHENSIVE NEEDS ASSESSMENT (CNA) REPORT **PROFESSIONAL USER GUIDE**

For Qualified Professionals, to be used in the pilot phase of the CNA. No part of this document should be circulated, amended, or cited without written permission from MOE.

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This Professional User Guide is written for qualified professionals with inputs from professionals from the Ministry of Education, Community Psychology Hub (CPH), Early Childhood Development Agency (ECDA), Ministry of Social and Family Development (MSF), KK Women's and Children's Hospital (KKH), and National University Hospital (NUH).

PROFESSIONAL USER GUIDE

This document consists of the following parts:

Part 1: Preamble; and

Part 2: Section-by-section guide to completing the CNA report.

PART 1: PREAMBLE

1.1 Who is this Professional User Guide for?

With effect from the Y2025 Primary 1/Junior 1 (P1/J1) cohort, the Comprehensive Needs Assessment (CNA) report will be required for the purpose of application for deferment to P1/J1 in a national primary school. This Professional User Guide aims to provide further clarifications to the following groups of qualified professionals completing the CNA report:

- Clinical or educational psychologists working in government funded Early Intervention (EI) programmes; or
- Clinical or educational psychologists, paediatricians or psychiatrists working in public hospitals; or
- Educational psychologists supporting MOE Kindergartens (MK); or
- Clinical or educational psychologists registered with the Singapore Register of Psychologists ([SRP](#)).

The above professionals should complete the CNA report with close reference to this Professional User Guide.

Any enquiries relating to the completion of the CNA report can be directed to [MOE CE Application@moe.gov.sg](mailto:MOE_CE_Application@moe.gov.sg)

1.2 Which professional should parent(s)/legal guardian(s) approach to complete the CNA Report?

Please refer to the following table for guidance on the specific agencies that parent(s)/legal guardian(s) can approach to complete the CNA report. Where the child is supported by professionals from multiple agencies, e.g., government funded EI and public hospitals, it is recommended that one professional (e.g., EIPIC professional) takes the lead in completing the CNA report, incorporating inputs and reports from other professionals.

Where is the child enrolled?	Professionals/Agencies to approach
<ul style="list-style-type: none"> • Government funded EI programme¹ 	<ul style="list-style-type: none"> • EI service provider
<ul style="list-style-type: none"> • MOE-Kindergarten (MK) 	<ul style="list-style-type: none"> • MK (for input from MOE Educational Psychologists)
<ul style="list-style-type: none"> • Others (i.e., private/non-government funded EI programme) 	<ul style="list-style-type: none"> • KK Women’s and Children’s Hospital, Department of Child Development (KKH-DCD); or • National University Hospital, Child Development Unit (NUH-CDU); or • Clinical/educational psychologists in private centres who are registered with SRP².

¹ Government funded EI programmes include Early Intervention Programme for Infants and Children (EIPIC), Early Intervention Programme for Infants and Children – P (EIPIC-P), Inclusive Support Programmes (InSP), or Development Support-Plus (DS-Plus) programmes.

² Singapore Register of Psychologists (SRP) is an official register of psychologists implemented and maintained by the Singapore Psychological Society (SPS), as a regulatory system that promotes transparency, accountability and professionalism for the services provided.

PART 2: SECTION-BY-SECTION GUIDE TO COMPLETING THE CNA REPORT

2.1 Section A: Child Particulars

Section A: Child Particulars			
Full Name			
Birth Certificate No.		Gender	
Date of Birth		Age	
Name of EI Provider (EIPIC, PPIP, InSP or DS-Plus) (if applicable)	Please select child's EI provider	EI Support Details	__ sessions per week __ hours per session
Name of Preschool (if applicable)		Time spent in Preschool	__ hours per day
Other Interventions Received (if any)	(Please state, e.g., type of intervention, frequency, operator)		

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2.1.1 Ensure that child's 'Full Name', 'Birth Certificate No.', 'Gender', 'Date of Birth', and 'Age' are consistent with information provided in Part A (Parent Declaration) of the online application, where possible.


2.1.2 Provide information about 'Name of EI Provider (EIPIC, EIPIC-P, InSP, or DS-Plus)' and 'EI Support Details' if applicable, for example, if the child is:

- Currently receiving support from any government funded EI services, please select the corresponding EI provider from the drop-down list provided. Include details (i.e., number of intervention sessions per week, number of intervention hours per session) of the EI support under '**EI Support Details**'.
- Supported by other EI providers (e.g., private/non-government funded EI centres), please record the child's intervention details under '**Other Interventions Received**' instead.
- Not receiving any EI support, please leave these fields blank.

2.1.3 Provide information about 'Name of Preschool' and 'Time spent in Preschool' if applicable, for example, if the child is:

- Currently enrolled in a preschool or kindergarten, please provide the name of the preschool or kindergarten that the child is attending and the total number of hours the child spends in the preschool or kindergarten in a day accurately.
- Attends school partially (i.e., on curtailed hours), please adjust the '**Time spent in Preschool**' accordingly.
- Not attending any preschool or kindergarten, please leave these fields blank.

2.2 Section B: Declaration and Conclusion by Qualified Professional



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Section B: Declaration and Conclusion by Qualified Professional

Name of Professional completing CNA Report	
Designation	
Organisation	
Contact No.	
Email	
Professional Affiliation* (if any)	
Name of Countersigning Professional	
<small>(A Countersigning Professional is required if the professional completing the CNA report is not a qualified professional, e.g., not registered with Singapore Register of Psychologists)</small>	
Designation	
Organisation	
Contact No.	
Email	
Professional Affiliation*	

*For clinical/educational psychologists, please provide your Singapore Register of Psychologists (SRP) number. For paediatricians/psychiatrists, please provide your Singapore Medical Council (SMC) number.

1. I am submitting this report based on (please tick **all that apply**):

Direct assessments (standardised tests, direct observations, interviews, etc.) conducted by me.
Please attach all relevant assessment information in Appendix B1.

Assessment information obtained from other relevant professionals (assessments and reports by therapists, early intervention educators, previous paediatricians/psychiatrists/psychologists, etc.).

Proxy measures (e.g., observations, developmental screening) were utilised as no direct formal assessments were conducted at the time of application.
Please attach all relevant assessment information in Appendix B1.


2. Based on the available information provided, I conclude that (please tick **only one**):

The child may be suitable for the National Curriculum in either mainstream or SPED-NC schools.

The child is suitable for the Customised Curriculum (or SPED Curriculum) in government funded SPED schools.

Please specify type(s) of educational provision recommended:
MID / MSID / Multiple Disabilities / ASD-specific / Sensory Impairment

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3. The following additional considerations should also be taken into account for this application (complete only if applicable):

Mitigating factor(s), e.g., recency of diagnosis/referral to EI (please specify date)

Qualitative information from parents/legal guardians

Others (e.g., ongoing or upcoming assessments scheduled but not yet completed)

4. I declare the above information to be correct and true.

Signature of Professional completing CNA Report Date

Signature of Countersigning Professional (if applicable) Date (if applicable)

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- 2.2.1 Ensure that the information provided in this section is based on your objective professional views of the child’s developmental needs and learning profile. You do not need to make an explicit recommendation for deferment.**
- 2.2.2 Provide information on your ‘Name’, ‘Designation’, ‘Organisation’, ‘Contact No.’, ‘Email’, ‘Professional Affiliation(s)’, and professional registration details. If the CNA report is completed by a registered professional (i.e. registered with Singapore Medical Council or Singapore Register of Psychologists), information provided in these fields should accurately reflect particulars available on official sources, e.g., organisational website, professional records.**
- 2.2.3 If the CNA report is completed by a professional who is not registered (e.g., associate psychologist, clinical intern), a registered Countersigning Professional is required to endorse the conclusion of the report and co-sign the CNA report at the end of this section.**
- 2.2.4 Provide information on the source(s) of assessment information this report is based on, for example, if the CNA report is:**
- Completed based on your direct assessments and observations of the child, and/or your interviews with parents and teachers, please tick the ‘**Direct assessments**’ only.
 - Completed based on existing reports by other professionals (e.g., pre-existing diagnostic reports, classroom observation records, therapist/medical memo, discharge summary), please tick ‘**Assessment information obtained from other relevant professionals**’ only.
 - Completed based on proxy measures (e.g. observations, developmental screening) as no direct formal assessments had been conducted by you or by other professionals at the time of application, please tick ‘**Proxy measures**’ only.

- Completed based on a combination of both direct assessments and existing reports from other professionals, please tick both options.

2.2.5 Provide your professional conclusion on the child’s developmental needs and learning profile where applicable.

- Based on the information you have about the child’s developmental needs, you will have to make a conclusion regarding the child’s learning trajectory, e.g., may be suitable for national curriculum, or recommended for the customised curriculum.
- If the child has been recommended and/or has made an application to a Special Education (SPED) school offering customised curriculum, please circle the type(s) of educational provision(s) that the child was recommended or has applied to. This field may be left blank if no recommendations for, or applications to, specific educational provisions have been made.
- In cases where the existing assessment information does not provide clear evidence that child is clearly suited for customised curriculum and a reassessment of needs is recommended in the near future, please indicate this information under ‘Mitigating factors’.
- You may refer to the ‘Professional Practice Guidelines’ (PPG) for the Psycho-educational Assessment & Placement of Students with Special Educational Needs’ (2018):
 - For details on the different types of educational provisions in Singapore (Chapter 5, pp. 60 – 63).
 - For guidance on assessment to ascertain appropriate educational placement (Chapter 3, pp. 21 – 23).



- For more information on ‘**customised curriculum (or SPED curriculum)**’ and available SPED schools, you may refer to MOE’s website.



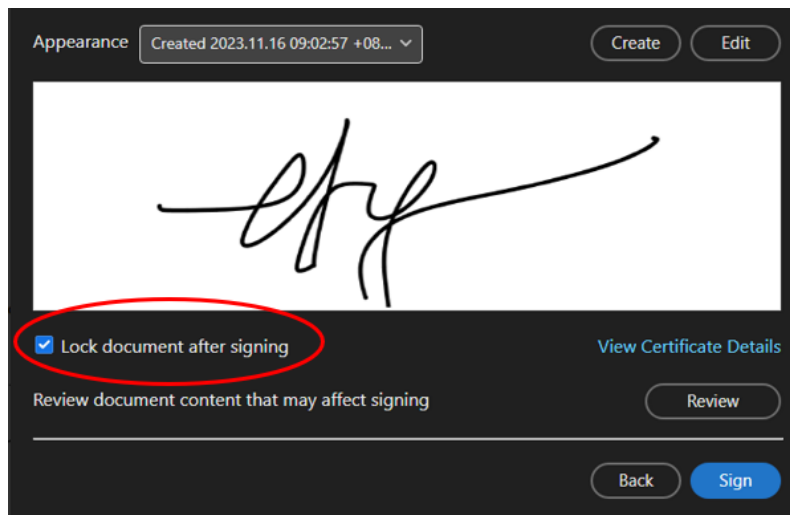
2.2.6 Provide details on ‘additional considerations’ only if there are extenuating circumstances that should be taken into consideration for the application, for example:

- If the child has only received a short duration of early intervention due to late diagnosis, extended absence from EI services due to medical treatment and/or surgery, etc., please include details of these circumstances under ‘**Mitigating factors**’.
- If there are specific familial circumstances that are pertinent to the child’s application, please include these details as needed.

Please leave this section blank if there are no additional considerations.

2.2.7 Insert e-signature on the signature line only after Appendix B1 has been completed.


- Professionals should lock the document once the e-signature is affixed. The option to lock the document can be found under the digital signature.



- Once the document is locked, no further edits can be made. When the document is reopened, a banner will appear at the top of the page to indicate that further edits are not allowed. Any tampering of information within the document will be noted.



2.3 Appendix B1: Summary of Child Assessment Information



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Appendix B1: Summary of Child Assessment Information

With reference to the MOE-MSF-ECDA Professional Practice Guidelines (PPG), Developmental and Psycho-educational Assessments and Provisions for Preschool-aged Children (PEP), professionals should advise caregivers on deferment based on current and relevant information about the child's cognitive and functional needs. Multiple sources of information should be considered including the child's response to EI support, as well as other formal and informal assessments. If standardized assessment tools are utilised, please ensure that the assessment tools and technical information are accurately and clearly recorded in the supporting documents submitted.

Please attach all relevant assessment information in softcopy with this application, including reports by other professionals (e.g., preschool educators, early interventionists, therapists, etc.) who have worked with the child.

Primary Diagnosis	
Diagnosis	
Date of diagnosis	
Agency / Professional	
Other Diagnoses/Main Area of Difficulties (please indicate only if applicable)	
Specific Skills Functioning ¹ (please tick one for each skill domain)	
Toileting	<input type="checkbox"/> Fully independent <input type="checkbox"/> Requires supervision (i.e., verbal prompt, visual cues) <input type="checkbox"/> Requires adults' assistance
Dressing	<input type="checkbox"/> Fully independent <input type="checkbox"/> Requires supervision (i.e., verbal prompt, visual cues) <input type="checkbox"/> Requires adults' assistance
Eating	<input type="checkbox"/> Fully independent <input type="checkbox"/> Requires supervision (i.e., verbal prompt, visual cues) <input type="checkbox"/> Requires adults' assistance
Classroom Functioning	<input type="checkbox"/> Fully independent <input type="checkbox"/> Requires small group support (4-5 students) <input type="checkbox"/> Requires 1:1 support (e.g., shadow teacher, teaching aide, caregiver)
Cognitive Functioning ²	<input type="checkbox"/> No cognitive impairment <input type="checkbox"/> Mild cognitive impairment <input type="checkbox"/> Moderate – to – Severe cognitive impairment
Receptive Language	<input type="checkbox"/> Age-appropriate <input type="checkbox"/> Delayed <input type="checkbox"/> Severely Delayed
Expressive Language	<input type="checkbox"/> Age-appropriate <input type="checkbox"/> Delayed <input type="checkbox"/> Little or no language
Social Communication	<input type="checkbox"/> Age-appropriate <input type="checkbox"/> Delayed <input type="checkbox"/> Little or no language

¹ Please refer to the Professional User Guide for the operational definitions of the functioning levels for each skill domain.
² Please indicate under 'Main area of difficulties' on this page if child's cognitive functioning is estimated, due to variability of domain scores, or based on proxy measures as no direct formal cognitive assessments were conducted.
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2.3.4 Ensure that:

- Information provided about the child's skills functioning is current, i.e., **not more than two years from the date of this application.**
- Technical information is appended as supporting documents with the CNA report if standardised clinical/psycho-educational assessment tools have been used.
- Sources of information are provided (e.g., name of professionals that provided the information) and all available reports are appended as supporting documents with the CNA report if this section is completed using information from multiple professionals.
- Interpretations of test scores and standards for psycho-educational assessments used are **aligned to the 'Professional Practice Guidelines (PPG) for the Psycho-educational Assessment & Placement of Students with Special Educational Needs' (2018).**

2.3.5 Provide information on the child's 'Primary Diagnosis', if applicable. If the child:

- Has a formal statement of diagnosis (e.g., diagnosis of a medical condition or Special Educational Needs), please indicate details of the diagnosis here.
- Has not received a formal statement of diagnosis and/or has not been professionally assessed by any qualified professional, please leave this field blank.

2.3.6 Provide information on the child's 'Other Diagnoses/Main Area(s) of Difficulties', if applicable. If the child:

- Has been provided with more than one formal statement of diagnosis, please include details of all other diagnoses in this field.

- Has not received a formal statement of diagnosis, please include the child’s main area(s) of difficulties or suspected disabilities/disorders in this field.
- Has a varied cognitive profile, or has not undergone any formal cognitive assessments, please indicate that child’s cognitive functioning is estimated in this field.

2.3.7 Provide accurate indications on the child’s ‘Specific Skills Functioning’.

- Please ensure that the information provided here best represents the child’s current level of functioning in each of the specific skill domains. If you do not have existing and/or valid information to ascertain the child’s level of specific skills functioning at the point of application (e.g. no observations/assessments of child), you may choose to leave the relevant item(s) blank. Please include clear explanations and reasons for the lack of information under ‘Others’ in Section B.
- If standardised assessment tools were used, interpretation of the child’s functioning level should be made with reference to the distribution within the relevant population. For Singapore children, it is strongly recommended to use the Singapore Ability Scales (SAS) which has been adapted and normed for the Singapore population. Strong caution should be exercised when using or interpreting results that have not been standardised for the local population as the findings may be invalid. For more guidance, please refer to the ‘Professional Practice Guidelines (PPG) for the Psycho-educational Assessment & Placement of Students with Special Educational Needs’ (2018; Chapter 5, pp. 61).

2.3.8 Good clinical practice requires information recorded in this section to be based on multiple sources of information, e.g., direct clinical assessments and/or interviews, scores from standardised assessment tools, or from indirect sources (e.g., reports by other professionals).

2.3.9 Please refer to the examples provided below.

Specific Skills	Functioning Levels (<i>Examples</i>)
Toileting/ Dressing/ Eating	Independent <ul style="list-style-type: none"> • <i>Child is able to indicate needs and requires no/minimal supervision.</i> Requires supervision (e.g., verbal prompts, visual cues). <ul style="list-style-type: none"> • <i>Child needs some supervision and reminders, working towards independence.</i> Requires adults’ assistance. <ul style="list-style-type: none"> • <i>Child requires physical assistance from adults.</i>
Classroom Functioning	Independent <ul style="list-style-type: none"> • <i>Child is able to follow instructions in a typical classroom setting (class size of about 20-25 students).</i> Requires small group support. <ul style="list-style-type: none"> • <i>Child is able to follow instructions in small groups of 4-5 students but requires some individualised/structured support in larger group settings (e.g., class of 20 students).</i> Requires 1:1 support (e.g., shadow teacher, teaching aide, caregiver). <ul style="list-style-type: none"> • <i>Child is able to follow instructions only when a familiar adult provides individualised support.</i>
Cognitive Functioning	No cognitive impairment <ul style="list-style-type: none"> • <i>Child has adequate reasoning and cognitive processing skills; standardised scores in cognitive tests (if any) are within 2 SD from the mean.</i> Mild cognitive impairment

Specific Skills	Functioning Levels (<i>Examples</i>)
	<ul style="list-style-type: none"> • <i>Child shows difficulties in reasoning and cognitive processing skills; standardised scores in cognitive tests (if any) are more than 2 SD below the mean.</i> <p>Moderate-to-severe cognitive impairment</p> <ul style="list-style-type: none"> • <i>Child shows significant difficulties in reasoning and cognitive processing skills; standardised scores in cognitive tests (if any) are more than 3 SD below the mean.</i>
Receptive Language	<p>Age-appropriate</p> <ul style="list-style-type: none"> • <i>Child is able to comprehend and follow instructions and show adequate receptive vocabulary in child's dominant home language.</i> <p>Delayed</p> <ul style="list-style-type: none"> • <i>Child shows limited understanding and ability to follow verbal instructions in his/her dominant home language; standardised/clinical language assessments, e.g., by allied health professionals, show language delays of about 2 years.</i> <p>Severely Delayed</p> <ul style="list-style-type: none"> • <i>Child has limited receptive verbal language; mainly relies on non-verbal communication (e.g., gestures, AAC). Standardised/clinical assessments by allied health professionals indicate language delays of more than 3 years.</i>
Expressive Language	<p>Age-appropriate</p> <ul style="list-style-type: none"> • <i>Child shows appropriate use of language expression, vocabulary, and phrasal structures.</i> <p>Delayed</p> <ul style="list-style-type: none"> • <i>Child shows limited use of phrasal structures (2–3-word phrases), and overall expressive language is approximately 1-2 years behind age-appropriate peers.</i> <p>Little or no language</p> <ul style="list-style-type: none"> • <i>Child uses single-word expression, and overall expressive language is more than 3 years behind age-appropriate peers; or child is functionally non-verbal.</i>
Social Communication	<p>Age-appropriate</p> <ul style="list-style-type: none"> • <i>Child shows appropriate communicative intent and/or interest, both verbally and non-verbally.</i> <p>Delayed</p> <ul style="list-style-type: none"> • <i>Child shows communicative intent and some reciprocal communication with familiar adults. Standardised/clinical assessments by allied health professionals indicate about 2 years' delay.</i> <p>Little or no language</p> <ul style="list-style-type: none"> • <i>Child shows limited communicative intent and has no reciprocal communication.</i>