# Section II:

# To be completed by a Teacher

This section comprises five pages and should take about 15 minutes to complete.

It should be completed by the teacher who is most familiar with the educational needs of the child, such as the main subject teacher in the current school or early intervention centre. This section could also be completed jointly with other school personnel who have worked with the child, e.g. Allied Educator, School Counsellor, etc.

For children who have not attended any school, this section could be completed by a therapist or clinician who has worked directly with the child.

Completion of the school report does not constitute an endorsement of the application by the school.

# SCHOOL REPORT

**Child’s particulars**

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| **Full name** |  | | |
| **BC/NRIC no.** |  | **Gender** |  |
| **Date of birth**  **(dd/mm/yyyy)** |  | **Age** |  |
| **School** |  | **Class / Level** |  |

**Needs Inventory**

For all items, check the most appropriate option(s) that best describe the child’s functioning based on your observations of the child across settings and over time.

1. **Sensory**

Hearing Concerns

Vision Concerns

Others; please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No concerns

Please elaborate on the sensory concerns and support strategies that have helped the child, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Literacy Skills** (e.g. knowing letter names and sounds, reading, spelling, reading comprehension)

Attained at least age-appropriate reading and writing skills compared to same-age peers.

Able to read and write basic sight words and simple sentences.

Able to read and write some basic sight words.

Knows most/all of the letters of the Alphabet

Very limited or no literacy skills

Please elaborate on student’s literacy skills and support strategies that have helped the child:

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1. **Numeracy Skills** (e.g. counting forward and backward, basic addition and subtraction)

Higher than average level of numeracy skills compared to same-age peers

Attained age-appropriate level of numeracy skills compared to same-age peers

Knows simple computations (e.g. addition/subtraction) and Math concepts

Able to count and recognise numbers up to 20

Very limited or no numeracy skills

Please elaborate on student’s numeracy skills and support strategies that have helped the child:

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1. **Self-help Skills**

Recognises when a problem exists and tries to solve it

Seeks help appropriately from others when necessary

Locates and cares for personal belongings

Avoids dangers and responds to warning words

Please elaborate on student’s self-help skills and support strategies that have helped the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Toileting**

Fully independent

Supervision required

Assistance required

Please elaborate on student’s toileting skills and support that have been helped the child, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Dressing**

Fully independent

Verbal reminders and/or guidance required

Periodic or partial assistance required

Fully dependent

Please elaborate on student’s dressing skills and support that have helped the child, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Feeding**

Independent (with hands)

Independent (with utensils)

Verbal reminders and/or guidance required

Learning to eat; guidance and monitoring needed

Frequent supervision needed to ensure physical safety

Needs to be fed

Please elaborate on student’s feeding skills and support that have helped the child, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Any other comments:**

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| **For students aged 17 and above**  Items 8 to 10 are only applicable to students aged 17 years and above.  For item 9 on ‘Attendance and punctuality in the last 12 months’, attendance and punctuality rates should be calculated using the following formula:  Attendance (%) = Number of days where the student is present x 100%  Total number of school days in the school term  Punctuality (%) = Number of days where the student is punctual x 100%  Total number of school days in the school term |

1. **Ability to travel independently**

Fully independent

Support required (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unable to travel independently

1. **Attendance and punctuality in the last 12 months**

Please provide student’s rates of attendance in the last 12 months of enrolment at his/her sending school.

Attendance ( %)

Punctuality ( %)

Please provide additional information (in the last 12 months) as follows:

Number of days that student was on medical leave:

Number of days that student was absent from school with valid reasons:

Number of days that student was late to school with valid reasons:

1. **Work readiness** (work attitude, work habits, interpersonal and communication skills, self-management)

Low level of work support needed

Moderate level of work support needed

High level of work support needed

Please describe the type of support required by the student.

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Please provide details of prior work experience that the student has undergone.   
(e.g. part time work or internship at xxx company for y months)

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**Behaviours in the school/classroom contexts**

In this section, the teacher should report his / her observations of the child’s behaviour in group learning contexts. When describing specific behaviours, teachers should elaborate on how often these behaviours occur and the extent to which they impact the child’s ability to function in a group learning setting.

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| 1. **(a) How long have you known the child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **(b) What is the teacher-student ratio in the current class? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **What are the child’s strengths and interests?** |
|  |
| 1. **Describe the child’s behaviour in class on a regular school day.**   **Is the child able to get along with his peers? (e.g. ability to play with his friends, work cooperatively in groups). Please elaborate and provide specific examples.** |
|  |
| 1. **Does the child present with any behavioural problems in school? Has any disciplinary action been meted out by the school in the last one year?**   **If yes, please give specific examples and the frequency of occurrence.** |
|  |
| 1. **Please give specific examples of strategies that have helped to support the child’s behaviour.** |
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| --- | --- | --- | --- | --- |
| **Completed by:** | | | | |
| **Name(s)** |  | **Designation(s)** |  | |
| **E-mail(s)** |  | **Contact no.(s)** | |  |
| **Name of School / Organisation** |  | **Signature(s) &**  **Date** | |  |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Signature of Principal |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date |