



**KUCHING AUTISTIC ASSOCIATION
PERSATUAN AUTISME KUCHING**

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P.O. Box 2492, 93748 Kuching, Sarawak, Malaysia.
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**KAA Student
Enrolment
Package
Paket
Pendaftaran
*Pelajar KAA***

Name: _____ **Age:** _____
Session: _____ **Group:** _____

General Information *Maklumat Umum*

1. Enrolment Eligibility *Kelayakan Untuk Mendaftar*

Individuals from birth through early adulthood with the diagnosis of autism spectrum disorder (ASD) are eligible for enrolment at KAA.

Individu tidak kira umur dengan diagnosis autisme (ASD) layak untuk mendaftar sebagai pelajar di KAA.

We require that you present us with a proof of ASD diagnosis to begin the enrolment application process (i.e. an ASD diagnostic report, a letter from the doctor confirming the ASD diagnosis, etc.). If you suspect that your child has ASD, but are not sure, we recommend that you schedule an appointment with your child's paediatrician, neurologist, child psychiatrist, or clinical psychologist for an evaluation.

Kami memerlukan anda untuk menyerahkan bukti diagnosis ASD kepada pihak kami untuk memulakan proses pendaftaran (i.e. laporan diagnosis ASD, surat daripada doktor yang mengesahkan diagnosis ASD, etc.). Jika anda mengesyaki anak anda mempunyai ASD, tetapi tidak pasti, kami sarankan supaya anda membuat temu janji dengan pakar kanak-kanak, neurologis, psikiatris kanak-kanak atau psikologis klinikal untuk penilaian.

2. Documents for Enrolment *Dokumen-document untuk Pendaftaran*

The documents required for your child's enrolment application at KAA are:

Dokumen-dokumen yang diperlukan untuk pendaftaran anak anda di KAA:

1. Proof of ASD diagnosis ***Bukti diagnosis ASD***
2. Completed enrolment application form (part of this enrolment packet) ***Borang permohonan pendaftaran yang lengkap (sebagian daripada paket pendaftaran)***
3. Photocopy of your child's birth certificate ***Salinan sijil lahir anak anda***
4. Photocopy of your identity card/MyKid ***Salinan Kad Pengenalan anak anda***
5. Photocopy of OKU card (if applicable) ***Salinan kad OKU (jika berkenaan)***
6. Photocopy of parents/guardians Identity Card ***Salinan Kad Pengenalan ibubapa atau penjaga***

Our office staff will assist you if you need help gathering or completing any of the forms above. ***Kakitangan di pejabat kami akan membantu anda jika anda memerlukan bantuan untuk menyediakan atau melengkapkan mana-mana borang yang dinyatakan di atas.***

3. Enrolment Process **Process Pendaftaran**

Admission is based upon a match between the needs of the referral and availability of staff during your chosen time slots (see 4. Hours of Operation section). We admit students on a first-come-first-serve basis based on the completed application form submitted. If your application is accepted, you are required to pay all the school fees (see the 6. KAA Student Fee Schedule & Payment Methods section) within a week of enrolment.

Kemasukan adalah berasaskan padanan keperluan anda dan kekosongan kakitangan kami pada slot waktu pilihan anda (lihat pada bahagian 4. Waktu Operasi). Kami mengambil pelajar berdasarkan konsep “siapa cepat, dia dapat” berdasarkan borang pendaftaran yang telah dilengkapkan. Jika permohonan anda diterima, anda dikehendaki untuk membayar semua yuran persekolahan (lihat pada bahagian 6. Yuran Sekolah & Polisi Pembayaran) dalam masa seminggu selepas pendaftaran.

If your preferred time slot is not available, we may offer you an alternative time slot that is available or place you on a waiting list if no alternatives are available. You will be notified when there is an opening in the schedule. Upon notification, you must confirm your enrolment by paying the enrolment fee within a week of our notification. Failure to do so may result in your child’s slot going to the next child on the waiting list.

Jika slot waktu pilihan anda tiada kekosongan, pihak kami mungkin akan menawarkan anda dengan slot waktu alternatif yang terdapat kekosongan atau meletakkan anak anda dalam senarai menunggu jika tiada alternatif lain tersedia. Anda akan dimaklumkan jika terdapat kekosongan pada jadual kami. Setelah dimaklumkan, anda haruslah mengesahkan pendaftaran anda dengan membayar yuran pendaftaran dalam masa seminggu selepas pemakluman. Kegagalan untuk berbuat demikian akan menyebabkan slot waktu anak anda diberikan kepada kanak-kanak lain yang berada dalam senarai menunggu.

4. Hours of Operation **Waktu Operasi**

<u>Administrative Office</u> <i>Pejabat Pentadbiran</i> <ul style="list-style-type: none">● 8:00am-12:00pm● 1:00pm-5:00pm	<u>Session Times Waktu Sesi:</u> <ul style="list-style-type: none">● Morning Sessions Sesi Pagi:<ul style="list-style-type: none">○ 8:00am-10:00am○ 10:00am-12:00pm● Afternoon Sessions Sesi Petang:<ul style="list-style-type: none">○ 1:00pm-3:00pm○ 3:00pm-5:00pm
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5. Programme Types and Structures *Jenis dan Struktur Program*

Elementary Instruction Programme (EIP) <i>Program Pengajaran Elementari (EIP)</i>
<ul style="list-style-type: none">• For students ages 0-12• Programme features:<ul style="list-style-type: none">○ Duration = 2 hours○ <u>1:1 session (1 hour)</u>: Ratio of 1 teacher to 1 student instruction in a classroom to work on student's individual goals (i.e. academic, social, communication, self-help etc.)○ <u>Gym time (1 hour)</u>: Ratio of 1 teacher to 2 student instruction in the gym to work on play, social, group learning, as well as gross and fine motor skills• Must exit EIP if meet one of the following 2 criteria:<ul style="list-style-type: none">○ Size and danger risk to other students (even if under 12 years old)○ Age and lack of response to EIP programmes that focus more on social and communication skills• Bagi pelajar berumur 0-12 tahun• Ciri-ciri program:<ul style="list-style-type: none">○ Jangka masa = 2 jam○ <u>Sesi 1:1 (1 jam)</u>: Nisbah pengajaran 1 guru kepada 1 pelajar di dalam kelas untuk mencapai gol individu pelajar (i.e. akademik, sosial, komunikasi, kemahiran sendiri etc.)○ <u>Gym time (1 jam)</u>: Nisbah pengajaran 1 guru kepada 2 pelajar di dalam gim untuk mencapai matlamat dan kemahiran bermain, social, pembelajaran berkumpulan, dan juga kemahiran motor kasar dan motor halus• Harus meninggalkan EIP jika menepati salah satu daripada kriteria berikut:<ul style="list-style-type: none">○ Saiz dan risiko bahaya kepada pelajar-pelajar lain (walaupun belum berusia 12 tahun)○ Umur dan kurang memberi respons kepada program-program EIP yang memberi lebih fokus kepada kemahiran social dan komunikasi
Play Therapy Programme *optional; based on available openings and student's age and needs <i>Program Terapi Bermain</i> * pilihan; berdasarkan kekosongan dan umur serta keperluan pelajar
<ul style="list-style-type: none">• Optional for EIP students ages 3-12• Admission to this programme is subjected to availability, the student's age, and the student's needs as assessed by the play therapy head teacher and EIP coordinator• Programme features:<ul style="list-style-type: none">○ Duration = 1 hour○ 1:2 or 1:3 teacher to student instruction in the play room to work on individual goals (i.e. social and communication) through assisted play.• Times:<ul style="list-style-type: none">○ 9:00am-10:00am for 10:00am-12:00pm EIP students○ 10:00am-11:00am for 8:00am-10:00am EIP students○ 2:00pm-3:00pm for 3:00pm-5:00pm EIP students○ 3:00pm-4:00pm for 1:00pm-3:00pm EIP students

- **Program pilihan terbuka kepada pelajar EIP berusia 3-12 tahun**
- **Kemasukan ke program ini tertakluk kepada kekosongan, umur pelajar, dan keperluan pelajar sepertimana yang telah dinilai oleh ketua bahagian terapi bermain dan penyelaras EIP**
- **Ciri-ciri program:**
 - **Jangka masa = 1 jam**
 - **Nisbah pengajaran guru kepada pelajar 1:2 atau 1:3 di dalam bilik permainan untuk menjalankan gol individu (i.e. sosial dan komunikasi) melalui permainan dengan bantuan.**

Secondary Instruction Programme (SIP)
Program Pengajaran Menengah (SIP)

- Students 13-18 (graduated from EIP)
- Programme features:
 - Duration = 2 hours
 - 1:1 or 1:2 teacher to student ratio
 - Programmes are individualized focusing on academic, pre-vocational and/or living skills
- **Pelajar berusia 13-18 tahun (telah tamat program EIP)**
- **Ciri-ciri program:**
 - **Jangka masa = 2 jam**
 - **Nisbah 1:1 atau 1:2 guru kepada murid**
 - **Program-program adalah berbentuk individu dan fokus kepada kemahiran akademik, pra-vokasional dan/atau kemahiran hidup**

Vocational Programme (VP)
Program Vokasional (VP)

- Students above age 18
- Programme features:
 - Duration of programme: 2-4 hours
 - Students work on completing various vocational tasks: beadwork, arts and craft, office assistance, packaging etc.
- Criteria for admission into the programme: ability to complete vocational tasks with minimal help; have basic self-help skills (e.g. toileting skills); space/openings available
- Criteria for enrolment termination: *see our standard operating procedure (SOP) for high-risk behavioural incidents in the parent/guardian handbook
- **Pelajar-pelajar berumur lebih daripada 18 tahun**
- **Ciri-ciri program:**
 - **Jangka masa program: 2-4 jam**
 - **Para pelajar berusaha untuk menyiapkan pelbagai tugas vokasional: hasil kerja manik, seni dan kraf, membantu tugas pejabat, pembungkusan etc.**

- ***Kriteria untuk kemasukan ke program ini: mampu untuk menyiapkan tugas vokasional dengan pemantauan minimum; mempunyai kemahiran hidup asas (e.g. kemahiran ke tandas); terdapat tempat/kekosongan***
- ***Kriteria untuk pembatalan kemasukan: *lihat prosedur operasi standard (SOP) untuk insiden tingkah laku berisiko tinggi dalam panduan ibubapa/penjaga***

Adult Day Programme (ADP)
Program Aktiviti Harian Dewasa (ADP)

- Students above age 18 who do not meet criteria to enter the VP programme
- Programme features:
 - Duration: 2-4 hours
 - Programme focuses more on student's care needs (e.g. exercise, hygiene care, hobby, personal interest based on ability)
- Criteria for admission into the programme: space/openings available
- Criteria for enrolment termination = *see SOP for high-risk behavioural incidents in the parent/guardian handbook
- ***Pelajar berumur lebih 18 tahun yang tidak memenuhi kriteria untuk menyertai program VP***
- ***Ciri-ciri program:***
 - ***Jangka masa: 2-4 jam***
 - ***Program tertumpu kepada keperluan penjagaan pelajar (e.g. senaman, penjagaan kebersihan, hobi, minat tersendiri berdasarkan kemampuan)***
- ***Kriteria untuk kemasukan ke program: terdapat tempat/kekosongan***
- ***Kriteria untuk pembatalan kemasukan: *lihat prosedur operasi standard (SOP) untuk insiden tingkah laku berisiko tinggi dalam panduan ibubapa/penjaga***

6. KAA Student Fee Schedule & Payment Methods ***Yuran Sekolah dan Polisi Pembayaran***

Item <i>Item</i>	Cost <i>Kos</i>	Frequency of Payment <i>Kekerapan Pembayaran</i>
1. Annual Stationery Fee <i>Yuran Alat Tulis Tahunan</i>	RM 100.00 <i>RM100.00</i>	Yearly <i>Tahunan</i>
2. Enrolment Fee <i>Yuran Pendaftaran</i>	RM 50.00 <i>RM50.00</i>	One time <i>Sekali sahaja</i>
3. Monthly School Fee <i>Yuran Bulanan Sekolah</i>	<p><u>EIP & SIP</u> RM 400.00 for daily sessions <i>RM 400.00 untuk program setiap hari</i> RM 200.00 for alternate days *alternate day schedule will be arranged by KAA <i>RM 200.00 untuk program berselang hari</i> *jadual untuk program berselang hari akan ditetapkan oleh pihak KAA</p> <p><u>Play therapy (EIP)</u> *additional & optional *<i>program pilihan dan tambahan</i> RM100.00 <i>RM100.00</i></p> <p><u>VP & ADP</u> RM 150.00 – RM 450.00 (depending on the number of hours selected) <i>RM150.00 – RM 450.00 (bergantung kepada bilangan jam yang dipilih)</i></p>	Monthly <i>Bulanan</i>
4. Membership Fee <i>Yuran Keahlian KAA</i>	RM 20.00 <i>RM20.00</i>	RM50.00 (Annual Subscription Fee)
5. KAA student T-shirt <i>Kemeja-T pelajar KAA</i>	RM 20.00 each <i>RM20.00 sehelai</i>	

The monthly school fee and all outstanding fees are due on the 7th of each month. We prefer payments be made via online bank-in to KAA's account at **Maybank 011038423860**. After you have made your payment, please submit a copy of the bank-in slip to KAA's office, either hard copy or via email to kaakch@gmail.com or WhatsApp to 010-2686363

Yuran persekolahan bulanan dan semua yuran yang tertunggak haruslah dilangsaikan pada 7 hari bulan pada setiap bulan. Kami mengalu-alukan pembayaran yang dibuat melalui online bank-in kepada akaun Maybank KAA 011038423860. Sila hantarkan salinan bukti pembayaran anda kepada KAA dalam bentuk cetakan atau melalui emel ke kaakch@gmail.com atau WhatsApp ke 0102-2686363 setelah pembayaran dibuat.

There is a RM10.00 fee for late school fee payment. Failure to pay for your child's school fees for 2 months in a row may result in the termination of your child's enrolment at KAA.

Denda sebanyak RM10.00 akan dikenakan bagi setiap pembayaran yuran yang lewat. Kegagalan anda untuk membayar yuran persekolahan anak anda selama 2 bulan berturut-turut akan menyebabkan kemasukan anak anda di KAA dibatalkan.

7. After Enrolment – Intake Process ***Selepas Pendaftaran – Proses Pengambilan***

Your involvement as a parent/guardian is a crucial factor in determining your child's success in his/her treatment at KAA. We believe that no one knows your child better than you. Upon enrolment and prior to your child starting at KAA, you are required to meet your child's treatment team at KAA as part of our intake process. They consist of the programme coordinators, programme consultant, and the teachers assigned to your child. The intake meeting is meant for you to get to know the KAA team and share your priorities and concerns for your child. It is also for us to learn more about your child as well as his/her strengths and needs through this information sharing meeting.

Pembabitan anda sebagai ibu bapa/penjaga merupakan kunci utama yang akan menentukan kejayaan anak anda dalam rawatannya di KAA. Pihak kami percaya bahawa anda lebih mengenali anak anda lebih baik daripada orang lain. Semasa pendaftaran dan sebelum anak anda memulakan sesi rawatan di KAA, pihak kami memerlukan anda untuk berjumpa dengan pasukan rawatan anak anda di KAA sebagai sebahagian daripada proses pengambilan kami. Pasukan rawatan ini termasuklah Penyelaras Program, Konsultan Program, dan guru-guru yang akan mengajar anak anda. Perjumpaan semasa pendaftaran ini adalah untuk anda mengenali pasukan rawatan anak anda di KAA dan untuk berkongsi keutamaan dan kebimbangan anda mengenai anak anda. Perjumpaan ini juga bertujuan untuk kami lebih mengenali anak anda serta mengenalpasti kekuatan dan keperluan anak anda melalui perkongsian maklumat anda.

8. Assessment and Treatment Planning ***Penilaian dan Perancangan Rawatan***

Upon starting at KAA, the KAA team will conduct the necessary assessment(s) to determine your child's current abilities and needs. Based on the assessment results, an individual service plan (ISP) will be developed. The ISP is a document that lays out the target skills and goals for us to work on with your child for the next six months. Ongoing data collection will be conducted to monitor your child's progress. Throughout the six-month period, goals may be modified or new goals may be added as necessary to assist with your child's progress.

Sebaik sahaja anak anda memulakan sesi di KAA, pasukan KAA akan menjalankan beberapa penilaian yang perlu untuk menentukan kebolehan dan keperluan semasa anak anda. Berdasarkan keputusan penilaian tersebut, pelan servis individu (ISP) akan dirangka untuk anak anda. ISP tersebut merupakan dokumen yang menyenaraikan kemahiran-kemahiran sasaran dan gol yang akan kami usahakan bersama anak anda dalam tempoh masa enam bulan berikutnya. Kutipan data secara berterusan akan dijalankan untuk memantau kemajuan anak anda. Dalam tempoh masa enam bulan, gol berkenaan mungkin akan diubah atau gol-gol baru akan ditambah jika perlu untuk membantu perkembangan anak anda.

At the end of the six-month evaluation period, you are required to participate in a dialogue session with your child's treatment team to review his/her progress and to begin the treatment planning process for the next six months.

Pada penghujung tempoh enam bulan penilaian tersebut, anda akan diminta untuk menyertai sesi dialog bersama pasukan rawatan anak anda untuk mengulas perkembangan anak anda dan juga merancang proses rawatan untuk enam bulan yang berikutnya.

9. What your Child Needs to Bring to KAA Centre *Apa yang Anak Anda Perlu Bawa ke Pusat KAA*

A school bag containing the following ***Beg sekolah yang mengandungi:***

- An additional T-shirt, pants, and underwear in case the child soils or wets his clothes ***Kemeja-T, seluar, dan seluar dalam tambahan sekiranya pakaiannya menjadi kotor secara tidak sengaja***
- A drinking bottle (commercially produced RO water is provided free) ***Botol air (air RO yang dihasilkan secara komersial disediakan percuma)***
- A small towel (in case the child needs to be cleaned) ***Tuala kecil (sekiranya anak anda perlu dibersihkan)***
- Light snacks such as biscuits or fruit (no heavy meal or junk food) ***Makanan ringan seperti biskut atau buah-buahan (makanan berat dan keropok tidak dibenarkan)***

10. Things to Note *Perkara yang Perlu Diambil Perhatian*

*Administrators/Coordinators must review the following with parents/guardians ***Pentadbir/Penyelaras Program perlu menerangkan perkara-perkara di bawah kepada ibubapa/penjaga***

1. All students must purchase the KAA student uniform ***Semua pelajar dikehendaki untuk membeli kemeja pelajar KAA***
2. Please review the following sections in the parent/guardian handbook ***Sila membaca seksyen-seksyen berikut di dalam panduan ibubapa/penjaga:***
 - Intake Process, Assessment, and Treatment Planning (pg 10) ***Proses Pengambilan, Penilaian, dan Perancangan Rawatan (m/s 10)***
 - Early Arrival and Late Pick-Up after Dismissal (pg 11-12) ***Ketibaan Awal dan Pengambilan Lewat selepas Tamat Sesi (m/s 11-12)***
 - Family Involvement (pg 12) ***Penglibatan Keluarga (m/s 12)***
 - Rules and Regulations for Parents while on KAA Centre Premises (pg 16) ***Peraturan-Peraturan untuk Iubapa Semasa Berada di Premis Pusat KAA (m/s 16)***
 - Sick Policy (pg 17) ***Polisi Sakit (m/s 17)***
3. KAA Centre Management Board reserves the right to accept or reject any applications received and terminate student's enrolment from the Centre at its discretion. ***Pihak pengurusan KAA berhak untuk menerima atau menolak mana-mana permohonan yang diterima dan menamatkan pendaftaran pelajar dari pusat ini berdasarkan pertimbangan mereka.***

KAA Student Enrolment Application Form

Borang Pendaftaran Pelajar KAA

Today's Date *Tarikh Hari Ini*: _____

Programme Selection **Pemilihan Program**

Preferred Type of Programme (please circle) <i>Jenis Program Pilihan Anda (Sila bulatkan)</i>	Daily	Alternate Days
Preferred Time Slots (please circle) <i>Slot Masa Pilihan Anda (Sila bulatkan)</i>	8:00am-10:00am 1:00pm-3:00pm	10:00am-12:00pm 3:00pm-5:00pm
Play Therapy (EIP) <i>Terapi Bermain</i>	Yes	No

Child's Information **Butiran Anak Anda**

Full Name (as in birth certificate) <i>Nama Penuh (seperti di sijil kelahiran)</i>	
Birth Certificate No. <i>No. Sijil Kelahiran</i>	
IC No. <i>No. Kad Pengenalan</i>	
OKU Card No. <i>No. Kad OKU</i>	
Gender <i>Jantina</i>	
Race <i>Bangsa</i>	
Dialect <i>Dialek</i>	
Religion <i>Agama</i>	
Nationality <i>Warganegara</i>	
Date of Birth <i>Tarikh Lahir</i>	
Place of Birth <i>Tempat Lahir</i>	
Language(s) Spoken at Home <i>Bahasa Yang Digunakan di Rumah</i>	
Current School/Kindergarten/Preschool/Daycare <i>Sekolah/Tadika/Tempat Jagaan Harian yand Dihadiri Sekarang</i>	
Days/Times Attending <i>Hari/Masa Hadir</i>	
Previous School/Kindergarten/Preschool/Daycare <i>Sekolah/Tadika/Tempat Jagaan Harian Terdahulu</i>	
Other Therapies Received (speech therapy, occupational therapy, acupuncture, massage therapy etc.) and Name of Therapy Providers <i>Lain-Lain Terapi (terapi pertuturan, terapi okupasional, terapi urutan, akupunktur, dan lain-lain) dan Nama Pakar Terapi</i>	

Family Background ***Latar Belakang Keluarga***

Father's Information ***Butiran Bapa:***

Full Name (as in birth certificate) <i>Nama Penuh (seperti di sijil kelahiran)</i>	
IC No. <i>No. Kad Pengenalan</i>	
Race <i>Bangsa</i>	
Dialect <i>Dialek</i>	
Religion <i>Agama</i>	
Nationality <i>Warganegara</i>	
Date of Birth <i>Tarikh Lahir</i>	
Phone No. <i>No. Telefon</i> (house <i>rumah</i>)	
Phone No. <i>No. Telefon</i> (handphone <i>telefon bimbit</i>)	
Phone No. <i>No. Telefon</i> (office <i>pejabat</i>)	
E-mail Address <i>Alamat E-mail</i>	
Home Address <i>Alamat Rumah</i>	
Occupation <i>Pekerjaan</i>	
Office Address <i>Alamat Pejabat</i>	

Mother's Information ***Butiran Ibu:***

Full Name (as in birth certificate) <i>Nama Penuh (seperti di sijil kelahiran)</i>	
IC No. <i>No. Kad Pengenalan</i>	
Race <i>Bangsa</i>	
Dialect <i>Dialek</i>	
Religion <i>Agama</i>	
Nationality <i>Warganegara</i>	
Date of Birth <i>Tarikh Lahir</i>	
Phone No. <i>No. Telefon</i> (house <i>rumah</i>)	
Phone No. <i>No. Telefon</i> (handphone <i>telefon bimbit</i>)	
Phone No. <i>No. Telefon</i> (office <i>pejabat</i>)	
E-mail Address <i>Alamat E-mail</i>	
Home Address (if different from father's) <i>Alamat Rumah (sekiranya tidak sama dengan alamat bapa)</i>	
Occupation <i>Pekerjaan</i>	
Office Address <i>Alamat Pejabat</i>	

*If child is not under the care of his/her parents, please fill out the guardian particulars below.

***Sekiranya pelajar bukan di bawah jagaan ibu bapanya, sila isikan maklumat penjaga di bawah.**

Guardian's Information **Butiran Penjaga:**

Full Name (as in birth certificate) Nama Penuh (seperti di sijil kelahiran)	
Relationship with child Hubungan dengan pelajar	
IC No. No. Kad Pengenalan	
Race Bangsa	
Dialect Dialek	
Religion Agama	
Nationality Warganegara	
Date of Birth Tarikh Lahir	
Phone No. No. Telefon (house rumah)	
Phone No. No. Telefon (handphone telefon bimbit)	
Phone No. No. Telefon (office pejabat)	
E-mail Address Alamat E-mail	
Home Address Alamat Rumah	
Occupation Pekerjaan	
Office Address Alamat Pejabat	

Emergency Contact (other than parents/guardian) **Hubungan Kecemasan (orang lain selain daripada ibubapa/penjaga):**

Name Nama	
Relationship with child Hubungan dengan pelajar	
Phone No. No. Tel.	

Other Information **Maklumat Lain:**

Siblings Names and Ages Nama Adik-Beradik dan Umur Mereka	
People Who Lives in the Child's Household Orang Lain Yang Tinggal Serumah Dengan Pelajar	

Medical/Health-Related Information **Butiran Perubatan/Kesihatan**

Medical Diagnoses (Autism Spectrum Disorder, Cerebral Palsy, ADHD, Epilepsy etc.) Diagnosis Perubatan (Autisme, Cerebral Palsy, ADHD, Epilepsi dan lain-lain)	
Name of Doctor/Specialist who Diagnosed Your Child with Autism Spectrum Disorder Nama Doktor/Pakar Perubatan yang Mendiagnos Autisme kepada Anak Anda	
Name of Clinic/Hospital Nama Klinik/Hospital	
Autism Characteristics Displayed by Your Child Ciri-Ciri Autism yang Ditunjukkan oleh Anak Anda	
Birth History (Please provide any significant information regarding your child's birth, health during infancy etc.) Sejarah Kelahiran (Sila senaraikan maklumat penting berkaitan dengan kelahiran anak anda, keadaan kesihatannya sewaktu bayi dan lain-lain)	
Medical Conditions (e.g. allergies, recent hospitalizations etc.) Keadaan Kesihatan/Perubatan (alahan, kemasukan ke hospital baru-baru ini dan lain-lain)	
Medications Currently Taken Ubat-Ubatan Yang Diambil Sekarang	
Previous History with Significant Medications Ubat-Ubatan Penting Yang Diambil Terdahulu	
Does your child have a history of hearing difficulties or ear infections? (If yes, please describe) Adakah anak anda mempunyai sejarah kesukaran mendengar atau jangkitan pendengaran? (sekiranya ada, sila huraikan)?	
Does your child have any visual difficulties? (If yes, please describe) Adakah anak anda mempunyai apa-apa kesukaran penglihatan? (Sekiranya ada, sila huraikan)	
Does your child have any gross motor (body movements) or fine motor (finger/hand movements) difficulties (e.g. difficulties walking, playing with toys, feeding)? (If yes, please describe) Adakah anak anda mempunyai apa-apa kesukaran motor kasar (pergerakan besar badan) atau motor halus (pergerakan jari dan tangan) (contohnya, kesukaran berjalan, bermain, makan dan lain-lain)? (Sekiranya ada, sila huraikan)	
Sleeping Habits (please describe your child's sleep times, naps, difficulties etc.) Tabiat Tidur (sila nyatakan masa tidur anak anda, kesukaran untuk tidur, dan lain-lain)	

Diet (picky eater, only eats certain foods, does not eat vegetables and fruit, on special diet etc.) Tabiat Pemakanan (sangat memilih, hanya makan sesetengah makanan, tidak akan makan sayur-sayuran dan buah-buahan, sedang mengikut diet khas dan lain-lain)	
Toileting Issues (normal or having problems with urination and/or bowel movements?) Pembuangan Air Kecil dan Air Besar (normal atau mempunyai kesukaran membuang air kecil dan/atau air besar?)	

Adaptive/Self-Help Skills **Kemahiran Hidup**

Self-Feeding (spoon, fork, knife use for eating; cup use for drinking) Kebolehan Untuk Makan Sendiri (penggunaan sudu, garfu, pisau untuk makan; penggunaan cawan/gelas untuk minum)	
Toilet Use (ability to produce urine and bowel movements) Kemahiran Menggunakan Tandas (keupayaan untuk membuang air kecil dan besar di dalam tandas)	
Dressing (put on and take off shirt, pants, socks, shoes etc.) Kemahiran Berpakaian (menyarung dan menanggalkan baju, seluar, sarung kaki, kasut, dan lain-lain)	
Writing/Colouring Kemahiran Menulis/Mewarna	
Basic Counting and Mathematical Concepts Kemahiran Asas Menghitung dan Konsep Matematik	

<p>Does your child respond to his/her name when called? <i>Adakah anak anda memandang ke arah anda apabila namanya dipanggil?</i></p>	
<p>Does he/she make eye contact when communicating with you? <i>Adakah anak anda membuat hubungan mata semasa berkomunikasi dengan anda?</i></p>	
<p>Does your child communicate verbally (using words) or non-verbally (no words, signs, gestures, sounds etc.)? Please describe (e.g. if verbal, is it in full sentences or single word requests; if non-verbal, does he use signs, gestures, or sounds etc.). <i>Adakah anak anda menggunakan komunikasi lisan (melalui pertuturan) atau bukan lisan (menggunakan bahasa isyarat dan pergerakan badan, mengeluarkan bunyi). Sila jelaskan (contohnya, sekiranya anak anda menggunakan komunikasi lisan, adakah dengan ayat penuh atau dengan satu perkataan; sekiranya menggunakan komunikasi bukan lisan, adakah dengan bahasa isyarat, gambar, bunyi?):</i></p>	
<p>How does your child communicate his/her needs and wants to you? <i>Bagaimanakah anak anda menyatakan keperluan dan permintaannya kepada anda?</i></p>	
<p>How does your child communicate to you if he/she does not want something? <i>Bagaimanakah anak menyatakan keengganannya terhadap sesuatu?</i></p>	
<p>How is your child's social interaction with other peers of his age (e.g. plays by himself, avoids other children, plays alongside them but no interactions, talks with other children, shares toys and takes turns etc.)? <i>Bagaimana anak anda berinteraksi dengan rakan sebayanya (contohnya, bermain bersendirian, mengelak rakan sebayanya, bermain berhampiran mereka tapi tidak berinteraksi, berbual dengan mereka, berkongsi alat permainan dan mengikut giliran, dan lain-lain)?</i></p>	
<p>Who does your child enjoy being with? <i>Dengan siapakah anak anda suka meluangkan masanya?</i></p>	
<p>Who does your child dislike being with? <i>Dengan siapakah anak anda tidak suka meluangkan masanya?</i></p>	

Interests and Preferences **Minat dan Kesukaan**

Your Child's Favourite Activities? Aktiviti-aktiviti Kegemaran Anak Anda	
Your Child's Favourite Toys? Alat-alat Permainan Kegemaran Anak Anda	
Your Child's Favourite Food? Makanan Kegemaran Anak Anda	
Your Child's Favourite Drinks? Minuman Kegemaran Anak Anda	
Your Child's Special Skills (Something he/she does best) Kemahiran Khas Anak Anda (sesuatu yang anak anda lakukan dengan baik)	

Behaviours **Tingkah Laku**

Name all behavioural difficulties your child has (e.g. crying, screaming, aggressive behaviours such as hitting, biting, kicking others, or self-injurious behaviours such as hitting own head, biting own hand etc.) Sila nyatakan semua tingkah laku anak anda yang mencabar (contohnya, menjerit, menangis, menunjukkan keganasan terhadap orang lain seperti memukul, menggigit, menendang orang lain, mencederakan diri sendiri seperti memukul kepala sendiri, menggigit tangan sendiri, dan lain-lain)	
How often do the behaviours occur (every hour, every day, weekly, monthly etc.)? Berapa kerapkah anak anda berkelakuan seperti ini (sejam, sehari, seminggu, sebulan sekali)?	
When do the behaviours usually occur? Bilakah anak anda berkelakuan seperti ini?	
What do you do when the behaviours occur? Apakah reaksi/tindak balas anda apabila anak anda berkelakuan sedemikian?	
What are the suspected functions of the behaviours (e.g. to escape work, to gain access to preferred items, for attention etc.) ? Pada pendapat anda, apakah fungsi tingkah laku anak anda (contohnya, untuk mengelakkan kerja, untuk mendapatkan perhatian anda,	

<i>untuk meneruskan aktiviti kegemarannya, dan lain-lain)?</i>	
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Additional Information **Maklumat Tambahan**

Other Comments Lain-Lain Komen	
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Your Top 3 Priorities for Your Child at KAA (e.g. focus on speech, behaviours, toilet training etc.) 3 Matlamat Utama Untuk Anak Anda di KAA <i>(contohnya, komunikasi, tingkah laku, penggunaan tandas)</i>	1) 2) 3)
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**KUCHING AUTISTIC ASSOCIATION
PERSATUAN AUTISME KUCHING**

Lot 5492, Block 225 KNLD, Lorong 15, Jalan Desa Wira, Batu Kawa,
P.O. Box 2492, 93748 Kuching, Sarawak, Malaysia.
Tel: 082-686363/010-2686363 Fax: 082-686362
Email: kaakch@gmail.com Website: www.kaa.org.my

Student Name: _____

Student D.O.B.: _____

Consent for Services Form

I, _____, NRIC _____
parent/guardian of the above stated student do hereby give my consent to the committee, the
staff/teachers of the KAA Educational Centre to undertake observations/activities and to carry out
appropriate programmes for my child.

I understand the committees and staff/teachers of KAA Educational Centre will take necessary
precaution and exercise reasonable care to safe guard the wellbeing/safety of my child.

I will not hold the centre liable in any way for any unforeseeable accidents or incidents that may
occur to my child at the centre.

Signature: _____

Full Name: _____

Date: _____



KUCHING AUTISTIC ASSOCIATION PERSATUAN AUTISME KUCHING

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Tel: 082-686363/010-2686363 Fax: 082-686362
Email: kaakch@gmail.com Website: www.kaa.org.my

Student Name: _____

Student D.O.B.: _____

Consent Form for Photograph/Video Use

I, _____, NRIC _____
parent/guardian of the above stated student agree to allow KAA to take photographs and/or videos
of my child and grant permission for them to be used by KAA for promotional and educational
purposes.

These images/videos may be sent out to the media with a press release and/or used for our publications or
on our website.

This consent form only grants permission to KAA. It does not grants permission to third parties to
use my child's photographs and/or videos.

Signature: _____

Full Name: _____

Date: _____



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Tel: 082-686363/010-2686363 Fax: 082-686362
Email: kaakch@gmail.com Website: www.kaa.org.my

****Note: Please sign this form ONLY AFTER reading the Parent/Guardian Handbook***

Student Name: _____

Student D.O.B.: _____

Parent/Guardian Handbook Acknowledgment

I, _____ acknowledge that I have received the parent/guardian handbook given to me by Kuching Autistic Association (KAA). I agree that it is my responsibility to read, understand, and present any questions or concerns I have about the information/policies in the handbook to KAA (administrative staff/supervisors/teachers).

Signature: _____

Full Name: _____

Date: _____

**KUCHING AUTISTIC ASSOCIATION
PERSATUAN AUTISME KUCHING**

Lot 5492, Block 225, KNLD, Jalan Desa Wira, Batu Kawa, 93250 Kuching
Tel:082-686363/010-2686363 Fax:082-686362
Email:kaakch@gmail.com

Membership Application Form

1	Full Name :	
2	Date of Birth:	
3	Place of Birth:	
4	Old IC No.	
5	New IC No.	
6	Gender:	
7	Race:	
8	Marital Status:	
9	Home Address: Post cord:	House Phone: Hand Phone: Fax: Email:
10	Occupation:	
11	Company Name:	
12	Office Address: Post cord:	Office Phone: Fax No:
13	Are you a parent of an autistic child? (Yes /No)	
14	Name of the Child:	Type of problem:
15	Date of Birth of the Child:	

Membership fee: RM20.00 Annual Subscription fee: RM50.00

**Member who does not pay the annual subscription fee for more than 2 years will be automatically cease to be a member of KAA.*

Please tick as appropriate:

- I would like to be a volunteer for KAA centre.
 I am interested in KAA fund raising projects.

Declaration

I certify the above details given are correct and I promise to abide by the law and regulation of the association.

Signature: _____ Date: _____

For Office Use

Receipt No: _____ Membership No: _____

For Office Use (Do not fill)

Untuk Kegunaan Pejabat (Jangan isi)

Checklist for Intake Meeting:

1. Give out KAA calendars (holidays and alternate schedule calendar if applicable)	
2. Give out parent handbook	
3. Complete entire enrolment application form (including consent forms)	
4. Check that copy of birth certificate, IC, and OKU card is submitted	
5. Review the following in parent/guardian handbook: <ul style="list-style-type: none">• <i>Intake Process, Assessment, and Treatment Planning (pg. 10; also item 7 and 8 in enrolment packet pg. 8-9)</i>• <i>Family Involvement (pg. 12)</i>• <i>Rules and Regulations for Parents while on KAA Centre Premises (pg. 16)</i>• <i>Sick Policy (pg. 17)</i>	
6. Set ISP hand-out date (~2 weeks from student start date) Date: _____	
7. Set parent's observation of teaching date (~3-4 weeks from student start date at KAA) Date: _____ Time: _____ <i>*Have teachers remind parents few days before scheduled date.</i>	
8. Photocopy 2 copies of enrolment packet (from pg. 11-25) for EIP and gym teachers; return original to office	
9. Pass parent information to parent support group chairperson	