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| logo_4c_gif | **The Chinese University of Hong Kong**  **Office of Student Affairs**  **Wellness and Counselling Centre** | **Confidential** |

**SEN Service Registration Form**

Please complete the following information. **All personal information will be kept in strict confidence.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (in English): | |  | | | | | | Name (in Chinese): | | |  | | | |
| HKID No.: |  | | |  | Date of Birth: | |  | | |  | Student ID No.: | |  | |
| Gender: |  | | |  | Place of Birth\*: | |  | | | |  |  | | |
|  | | |  | | | | \*if not in HK, no. of years or residence in HK: | | | | | | |  |
| Contact Phone No.: | | |  | | |  | Email Address: | |  | | | | | |

**Contact person in case of emergency:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  | Relationship: |  |  | Tel. No.: |  |

**Study Information** (Please check the appropriate box.)

|  |  |  |  |
| --- | --- | --- | --- |
| Undergraduate /  Postgraduate (Research) /  Postgraduate (Taught) /  PGDE | | Full-time  Part-time | UGC-funded Programme:  Yes  No |
| Admission Scheme:  JUPAS  non-JUPAS | Local /  Non-Local /  Exchange | | Exchange Period (for exchange students):  From To |
| Faculty: | Major / Programme: | | Current Study Year:  1  2  3  4  5  6 |
| College: | Hostel name (if applicable):  Period of stay: | | Expected Graduation Date:  (mm / yyyy) |
| Are you receiving Counselling Service in Wellness and Counselling Centre?  Yes /  No | | | Name of Counsellor in WACC: |

**Nature of SEN (**Please check the appropriate box and provide medical / assessment report(s) and certification.)

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| **Attention-deficit / Hyperactivity disorder** | | | | | | | | | | | | **Remarks** |
| **Autism Spectrum Disorder** | | | | | | | | | | | |  |
| **Hearing Impairment:** | | | | | | | | | | | |  |
| Deaf | | | | | Hearing aid (Left / Right / Both ears) | | | | | | |  |
| High frequency loss | | | | | Cochlear implant (Left / Right / Both ears) | | | | | | |  |
| Impairment: Left ear (Normal / Mild / Moderate / Severe / Profound) | | | | | | | | | | | |  |
| Right ear (Normal / Mild / Moderate / Severe / Profound) | | | | | | | | | | | |  |
| **Mental Illness:** |  | | | | | | | | | | |  |
| **Physical Disability:** | |  | | | | | | | | | |  |
| Wheelchair user | | | | | Non-wheelchair user | | | | | | |  |
| **Specific Learning Difficulties:** | | | | | | |  | | | | |  |
| **Speech Impairment:** | | |  | | | | | | | | |  |
| **Visceral Disability / Chronic Illness:** | | | | | | | | |  | | |  |
| **Visual Impairment:** | | |  | | | | | | | | |  |
| Blind | | | | | | Color blindness: | | | |  | |  |
| Low vision: Left eye (Normal / Mild / Moderate / Severe) | | | | | | | | | | |  |  |
| Right eye (Normal / Mild / Moderate / Severe) | | | | | | | | | | | |  |
| Other eye disease: | | | |  | | | | | | | |  |
| **Other Disability (Please specify):** | | | | | | | |  | | | | *Continue on the next page* |

**Application for Special Accommodations at CUHK Confidential**

Please indicate the special accommodations that you would like to request for at CUHK.

**\*\* Each individual learning accommodation request must be accompanied by relevant supporting document(s).**

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|  | | | | | |  | | | | **Remarks** |
| **Special Lecture Arrangements** | | | | | |  | | | |  |
| Assignment deadline extension | | | | | | Assistance in forming groups | | | |  |
| Enlarged / braille lecture materials | | | | | | Lecture attendance allowance | | | |  |
| Lecture materials prior to class | | | | | | Lecture recording (audio / video) | | | |  |
| Peer note-takers | | | | | | Use of height-adjustable tables | | | |  |
| Use of special equipment: | | | |  | | | | | |  |
| Others: | |  | | | | | | | |  |
|  | |  | | | | | | | |  |
| **Special Test / Examination Arrangements** | | | | | | | | | |  |
| Enlarged / braille answer sheets | | | | | | Enlarged / braille question papers | | | |  |
| Extra time allowance: | | | | | | Supervised breaks: | | | |  |
|  |  | | | |  | |  |  | |  |
| Separate invigilation | | |  | | | Use of height-adjustable tables | | |  |  |
| Use of laptop / computer | | | | | | Use of special equipment | | | |  |
| Oral assessment: | | | | | | Listening assessment: | | | |  |
|  |  | | | |  | |  |  | |  |
| Others: | |  | | | | | | | |  |
|  | |  | | | | | | | |  |
| **Other Learning Accommodations** | | | | | | | | | |  |
| Learning aids / equipment loan service | | | | | | | On-campus Rehabus service | | |  |
| Special PE course | | | | | | | uShine buddy / peer support | | |  |

**Please specify your supporting document enclosed with this student record form:**

Accommodation letter with details of special arrangements you received in HKDSE / public examinations

Accommodation letter from your home / previous university with details of special arrangements you received

Medical letter with recommendation(s) of learning accommodation which supports your application

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| Others: |  |

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| **I consent to provide the above-stated information**   1. For registering with the SEN service of the Office of Student Affairs; 2. For statistical and research purposes without the disclosure of personally identifiable information; and 3. The provided personal data will be deleted 7 years after service termination.   **I understand that all information will be kept confidential unless**   1. The safety of me / others is in jeopardy and stepped up monitoring is needed for life protection purposes; and/or 2. Legal responsibility is involved.   **I hereby authorize the Office of Student Affairs to liaise with relevant units of CUHK on a need-to-know basis regarding my special educational needs.** | | | | | |
|  | Student’s Signature: |  |  | Date: |  |
|  |  |  |  |  |  |