|  |  |  |
| --- | --- | --- |
| 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.)

|  |  |
| --- | --- |
| [ ]  **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).**

|  |  |  |
| --- | --- | --- |
|  |  |  **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

|  |  |
| --- | --- |
| [ ]  Others:  |  |

|  |
| --- |
| **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: |  |
|  |  |  |  |  |  |