



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.)

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

Remarks

Continue on the next page

Application for Special Accommodations at CUHK

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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

- | | |
|---|--|
| <input type="checkbox"/> Assignment deadline extension | <input type="checkbox"/> Assistance in forming groups |
| <input type="checkbox"/> Enlarged / braille lecture materials | <input type="checkbox"/> Lecture attendance allowance |
| <input type="checkbox"/> Lecture materials prior to class | <input type="checkbox"/> Lecture recording (audio / video) |
| <input type="checkbox"/> Peer note-takers | <input type="checkbox"/> Use of height-adjustable tables |
| <input type="checkbox"/> Use of special equipment: _____ | |
| <input type="checkbox"/> Others: _____ | |

Special Test / Examination Arrangements

- | | |
|---|---|
| <input type="checkbox"/> Enlarged / braille answer sheets | <input type="checkbox"/> Enlarged / braille question papers |
| <input type="checkbox"/> Extra time allowance: _____ | <input type="checkbox"/> Supervised breaks: _____ |
| <input type="checkbox"/> Separate invigilation | <input type="checkbox"/> Use of height-adjustable tables |
| <input type="checkbox"/> Use of laptop / computer | <input type="checkbox"/> Use of special equipment |
| <input type="checkbox"/> Oral assessment: _____ | <input type="checkbox"/> Listening assessment: _____ |
| <input type="checkbox"/> Others: _____ | |

Other Learning Accommodations

- | | |
|---|--|
| <input type="checkbox"/> Learning aids / equipment loan service | <input type="checkbox"/> On-campus Rehabus service |
| <input type="checkbox"/> Special PE course | <input type="checkbox"/> 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: _____