

## 學前及小學讀寫障礙甄別測驗服務申請表格 Kindergarten & Primary Screening Service Application Form

1. 學生資料 Student Information				
學生姓名: (中文 Chinese)				
Name of Student: (英文 English)			相片	
出生日期 Date of Birth:	年龄 Age:	性別 Sex:	Photo	
日 Day月 Month年 Year		<ul><li>□ 男 M</li><li>□ 女 F</li></ul>		
就讀學校 School: 年級 Year/ Grade:				
□上午校 AM School □下午校 PM School □全日制 Full Day □中文學校 CMI School □英文學校 EMI School □國際學校 International School				
父親姓名 Name of Father: 手提電話 Mobile Tel:				
母親姓名 Name of Mother: 手提電話 Mobile Tel:				
住宅電話 Tel(Home): 電郵 E-mail:				
住址 Home Address:				
□中西區 Central and Western □東區 Eastern □南區 Southern □灣仔 Wan Chai □九龍城 Kowloon City □觀塘 Kwun Tong □深水埗 Sham Shui Po □黄大仙 Wong Tai Sin □油尖旺 Yau Tsim Mong □離島 Islands □北區 North				
□葵青 Kwai Tsing □西貢 Sai Kung □沙田 Sha Tin □大埔 Tai Po □荃灣 Tsuen Wan □屯門 Tuen Mun □元朗 Yuen Long				
請提供有關你的子女的興趣、強弱項、特別需要和學習模式(例如主要溝通語言)等資料,讓我們可以更				
   有效地幫助他/她。				
Please give any information regarding your child's interests, strengths & weaknesses, particular needs, and				
learning styles (e.g. primary communication language) that might enable us to help him/her more effectively:				
2. 一般資料 General Information				
A. 本人 *同意 / 不同意 老師給予零食作獎	勵。			
I *agree / do not agree to the teacher offering snacks as rewards.				
B. 你從哪裡得知本會的服務? How did you hear about our services? □衛生署 CAC □就讀學校 School □其他機構 Other organisations □私人轉介 Personal referral				
l				
	□博思會宣傳刊物 Pathways □博思會講座及活動 Pathway			
□博思會網頁 Pathways' website □博思會講座及活動 Pathways' seminars or events □其他 Others (請註明 Please specify)				
C. 申請人提供的個人資料會被保密,並用作與服務相關之用途,以及向申請人發送本會的最新活動及推				
廣訊息。The personal information provided by the applicant will be kept confidential and used for purposes related to				
the service, as well as to send the applicant the latest information about Pathways' events and promotions.				
□本人 <u>不願意</u> 收取博思會的活動及推廣訊	_	N) (C		
I <u>do not</u> wish to receive information about events and promotions from Pathways.				

3. 服務資料 Service Information				
服務收費 Service Fee				
HK\$900 (包括測驗摘要 including screening evaluation summary)				
請選擇服務地點 Preferred centre(s): □九龍 Kowloon □沙田 Shatin □兩者皆可 Both				
學前及小學讀寫障礙甄別測驗須知:  1) 如學生過往曾就學習問題或成長發展問題做過任何評估,家長必須於遞交報名表時連同評估報告副本一併呈交。	<i>'</i> 'L			
<ul> <li>2) 請家長務必準時出席。遲到者若未能於預約時間內完成所有測驗項目,需再另行預約,以提供足夠資料,讓老師撰寫測驗摘要。</li> <li>3) 學生需攜帶以下文件: <ul> <li>所有相關評估報告(如有)</li> <li>家課冊(近一年)</li> <li>幼稚園學校學期評估報告(近一年)/小學中文、英文及數學科功課及測驗卷(近一年)</li> </ul> </li> </ul>	可			
<ul> <li>* 文件只用作參考,需要時會被複印。</li> <li>* 如未能於測驗當日提供上述文件,之後必須補交,以撰寫測驗摘要。</li> <li>4) 博思會需大約 14 個工作天準備測驗摘要。</li> <li>5) 甄別測驗過程或會被錄音,以作撰寫摘要之用。錄音資料會於甄別測驗後三日內銷毀。</li> </ul>				
<ol> <li>Notice for KPSS:         <ol> <li>Parent has to submit the application form along with copies of previous assessment reports, if any, related to the student's learning or developmental issues.</li> <li>Please be punctual. Late comers who cannot finish all items in the screening test has to make additional appointment to finish the test. Otherwise, there will not be adequate information to complete the screening evaluation summary.</li> </ol> </li> <li>Please bring along the following documents:         <ol> <li>all related assessment reports (if any)</li> <li>homework handbooks (from the most recent year)</li> <li>KG students: academic reports (from the most recent year)</li> <li>Primary student: Chi / Eng / Maths homework, test and exam papers (from the most recent year)</li> <li>Documents are for reference only. Photocopies will be made if necessary.</li> <li>If the above documents cannot be provided on the day, resubmission is mandatory for completing the evaluation summary.</li> </ol> </li> <li>About 14 working days are required to complete the screening evaluation summary.</li> <li>The audio of the screening test may be recorded for preparing the screening evaluation summary. The recording will be deleted within three days after the screening test.</li> </ol>				
請將報名表格連同評估報告副本(如有)傳真、電郵或寄回				
Please submit this form with copies of assessment / reports (if any) by fax, e-mail or mail to				
博思會學習中心 博思會學習中心(沙田) Pathways Foundation Learning Centre Pathways Foundation Learning Centre (Shatin)				
傳真 Fax: 2870 1779 電郵 E-mail: info@pathways.org.hk 地址:九龍旺角新填地街 470 號海島中心一樓  Address: 1/F, Island Centre, 470 Reclamation Street, Mong Kok, Kowloon  Full Ways Footback of Learning Centre (Shall)  傳真 Fax: 2870 1779 電郵 E-mail: info@pathways.org.hk  地址:新界沙田大圍顯徑邨顯富樓 A 翼(部份)地下  Address: G/F, Wing A (Partial), Hin Fu House, Hin Keng Estate, Tai Wai, Shatin, N.T.				
家長/監護人簽署 日期				
Parent/Guardian Signature Date	_			

請在適當的方格內加上"✓"號。 Please "✓" in appropriate boxes.

\*共叫上不滴田去。 \* Please delete as appropriate.

\*請删去不適用者。

\* Please delete as appropriate.