Confidential

TUNG WAH COLLEGE

Student Affairs Office

Form/SAO/201711

Date Received: _

Special Educational Needs Declaration Form

The College is committed to assist students with special educational needs/disabilities in solving problems that may affect their study and campus life. All personal information provided will be kept confidential for need to know basis.

Please submit this form to Student Affairs Office, 19/F, 31 Wylie Road, Kowloon, Hong Kong or email to sao@twc.edu.hk

Section A: Student Particulars (* Delete as appropriate)		
Name (<i>Mr/Miss/Ms*</i>):	()	Student No.:
Name (<i>Mr/Miss/Ms*</i>):	(Chinese Name)	
Programme of Study:	(Major:) Contact Phone No.:
Section B: Types of Special Educational Needs /	Disabilities (Please "	(" as appropriate)
Physical DisabilityVisual Impairment		
 Hearing Impairment 		
Speech Impairment		
Chronic Illness		
 Mental Illness Autistic Spectrum Disorder / Asperger Syndror 	me	
 Attention Deficit/ Hyperactivity Disorder (ADI 		
Specific Learning Difficulties / Dyslexia		
□ Others, please specify:		
Section C: Details of Condition / Assistance Req		
Please describe the degree of your special needs/disabil	lities and any assistance	e that may be useful to your study and campus life.
Section D: Details of Evidence Provided (Please ".	\checkmark " as appropriate)	
Psychologist's report		
 Registered teacher's report 		
□ Letter from medical practitioner		
Statement of special educational needs		
Others, please specify:		
Section E: Additional Information		
Section F: Declaration (* Delete as appropriate)		
I agree / do not agree * to supply the information g	given in this form and	related documents regarding my special educational
needs/disabilities to relevant departments in the Tung W		
for students with special needs.		
Signature of Student:		Date: