

School-based Educational Psychology Service  
Application Form for a copy of student assessment report

**Guide to Application**

- (1) If the data subject (i.e. the student receiving assessment) is **below 18 years old**, or is a mentally incapacitated person, the application has to be made by the parent/ guardian by following **Part A** (pages 2 to 4).
- (2) If the data subject (i.e. the student receiving assessment) is **aged 18 or above** (with the exception of mentally incapacitated persons), the application has to be made by the data subject by following **Part B** (pages 5 to 6).

**Part A:** (the data subject is **below 18 years old**, or is a mentally incapacitated person)

**A1. Notice to Parent/ Guardian**

- (1) Should parent/ guardian wish to obtain a copy of the student assessment report, please **complete A2** of this Form. Together with the required identity documents, the Form should be **passed to the school for completion of A3<sup>1</sup>** for transfer for processing by the Education Bureau (EDB) or the service provider as approved by the EDB in providing School-based Educational Psychology Service (hereafter “service provider”)<sup>2</sup>; applicants must be aged 18 or above. For enquiries, please contact the Special Educational Needs Coordinator of the school.
- (2) This Form is also applicable for obtaining a copy of the document related to application for special arrangements in the Hong Kong Diploma of Secondary Education Examination. The applicant will be provided with one of the following documents: the student assessment report, the relevant Annex to the “Application for Special Examination Arrangements from Candidates with special needs Application Guide” issued by the educational psychologist to the Hong Kong Examinations and Assessment Authority, or a summary of the recommendations on special examination arrangements.
- (3) The EDB or service provider will keep the assessment report until the student reaches the age of 21 or 5 years after the student has received the assessment service, whichever the later date is.
- (4) Should the applicant refuse to provide the required information or if the information provided is inaccurate, the EDB or service provider will not be able to provide the requested service.
- (5) Statement on personal data use: the personal data the applicant provided in this form will be used for verifying the information in relation to this request and other directly related purposes.

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<sup>1</sup> If the application cannot be made through the school, the application documents can be sent to the following address for the EDB to transfer to the respective section or service provider for processing. By sending the documents to the EDB, it is presumed that the parent/ guardian has consented for the EDB to transfer the documents in order to assist with the application:

General Office Ha Kwai Chung Special Education Services Centre Education Bureau 4/F., 77 Lai Cho Road, Kwai Chung, N.T.
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<sup>2</sup> The school shall follow the procedures drawn up by the service provider in processing the application.

**A2. Application Information** (To be provided by the applicant)

Please provide the information on the lines, put a ✓ in the appropriate  , and delete whichever is not applicable at places marked with \*:

Name of Student: (Chinese) : \_\_\_\_\_ ( English ) \_\_\_\_\_

Date of Birth : \_\_\_\_\_(day)\_\_\_\_\_(month)\_\_\_\_\_(year) Identify Document no. : \_\_\_\_\_

(1)  I am the \*father/mother of the above student. I hereby attach a photocopy of the documents in **(a) and (b)** to apply for a copy of the assessment report of the above student from the EDB or service provider:

(a) My identity document

Hong Kong Identity Card  Others (Please specify:\_\_\_\_\_)

(b) Identity document of the above student to prove my parent status

Hong Kong Birth Certificate  Others (Please specify:\_\_\_\_\_)

I am the guardian of the above student (Relationship with the student:\_\_\_\_\_).

I hereby attach a photocopy of the documents in **(a), (b) and (c)** to apply for a copy of the assessment report of the above student from the EDB or service provider:

(a) My identity document

Hong Kong Identity Card  Others (Please specify:\_\_\_\_\_)

(b) Identity document of the above student

Hong Kong Birth Certificate  Others (Please specify:\_\_\_\_\_)

(c) Document to prove my guardian status

Please specify: \_\_\_\_\_

(2) When the copy of the assessment report is ready for collection, please pass it to me in the method indicated below (please choose one method):

Inform me to collect it in person

Send to me by ordinary mail: (Hong Kong Address)\_\_\_\_\_

Send to me by registered mail: (Hong Kong Address):\_\_\_\_\_

\* Name of Parent/ Guardian: \_\_\_\_\_ \*Signature of Parent/ Guardian:\_\_\_\_\_

Contact Phone No.:\_\_\_\_\_ Date:\_\_\_\_\_(day)\_\_\_\_\_(month)\_\_\_\_\_(year)

**A3: School Contact Information**

(To be completed by school personnel if application can be made through the school)

**We have checked the application documents provided by the parent/ guardian. The documents are hereby passed to the \*EDB/ service provider for processing.**

School contact person: \_\_\_\_\_ (Post: \_\_\_\_\_)

Name of school: \_\_\_\_\_

Contact telephone no.: \_\_\_\_\_

Date: \_\_\_\_\_(day)\_\_\_\_\_ (month)\_\_\_\_\_ (year)



*\*Please delete whichever is not applicable.*

**Part B:** (the data subject is **aged 18 or above**, with the exception of mentally incapacitated persons)

### **B1. Notice to Applicant**

- (1) Should the applicant wish to obtain a copy of the student assessment report, please **complete B2** of this Form. Together with the required identity documents, the Form should be **passed to the school for completion of B3<sup>3</sup>** for transfer for processing by the Education Bureau (EDB) or the service provider as approved by the EDB in providing School-based Educational Psychology Service (hereafter “service provider”)<sup>4</sup>. For enquiries, please contact the Special Educational Needs Coordinator of the school.
- (2) This Form is also applicable for obtaining a copy of the document related to application for special arrangements in the Hong Kong Diploma of Secondary Education Examination. The applicant will be provided with one of the following documents: the student assessment report, the relevant Annex to the “Application for Special Examination Arrangements from Candidates with special needs Application Guide” issued by the educational psychologist to the Hong Kong Examinations and Assessment Authority, or summary of the recommendations on special examination arrangements.
- (3) The EDB or service provider will keep the assessment report until the student reaches the age of 21 or 5 years after the student has received the assessment service, whichever the later date is.
- (4) Should the applicant refuse to provide the required information or if the information provided is inaccurate, the EDB or service provider will not be able to provide the requested service.
- (5) Statement on personal data use: the personal data the applicant provided in this form will be used for verifying the information in relation to this request and other directly related purposes.

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<sup>3</sup> If the application cannot be made through the school, the application documents can be sent to the following address for the EDB to transfer to the respective section or service provider for processing. By sending the documents to the EDB, it is presumed that the applicant has consented for the EDB to transfer the documents in order to assist with the application:

General Office Ha Kwai Chung Special Education Services Centre Education Bureau 4/F., 77 Lai Cho Road, Kwai Chung, N.T.
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<sup>4</sup> The school shall follow the procedures drawn up by the service provider in processing the application.

**B2. Application Information** (To be provided by the applicant)

Please provide the information on the lines, put a ✓ in the appropriate  , and delete whichever is not applicable at places marked with \*:

Name of Student: (Chinese) : \_\_\_\_\_ ( English ) \_\_\_\_\_

Date of Birth : \_\_\_\_\_(day)\_\_\_\_\_(month)\_\_\_\_\_(year) Identify Document no. : \_\_\_\_\_

(1)  I am the above student. I hereby attach a photocopy of the identity document to apply for a copy of the assessment report from the EDB or service provider:

Hong Kong Identity Card  Others (Please specify:\_\_\_\_\_)

(2) When the copy of the assessment report is ready for collection, please pass it to me in the method indicated below (please choose one method):

- Inform me to collect it in person  
 Send to me by ordinary mail: (Hong Kong Address)\_\_\_\_\_  
 Send to me by registered mail: (Hong Kong Address):\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Signature of Applicant:\_\_\_\_\_

Contact Phone No.:\_\_\_\_\_ Date:\_\_\_\_\_(day)\_\_\_\_\_(month)\_\_\_\_\_(year)

**B3: School Contact Information**

(To be completed by school personnel if application can be made through the school)

**We have checked the application documents provided by the parent/ guardian. The documents are hereby passed to the \*EDB/ service provider for processing.**

School contact person: \_\_\_\_\_ (Post: \_\_\_\_\_)

Name of school: \_\_\_\_\_

Contact telephone no.: \_\_\_\_\_

Date:\_\_\_\_\_(day)\_\_\_\_\_(month)\_\_\_\_\_(year)

(School Chop)

*\*Please delete whichever is not applicable.*