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To: Special Education Support 2 Section [Attn: I(SES2)5]

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**Special School cum Resource Centres**  
**Short-term Attachment Programme (20     /     School Year)**

**Referral Form**

Our school \_\_\_\_\_ (name of school) hereby makes referral for the following student to attend the Short-term Attachment Programme run by Special School cum Resource Centres (SSRCs).

Section A: (to be completed by the school)

1. Name of student: \_\_\_\_\_ (Chinese) \_\_\_\_\_ (English)
2. Student Record number (STRN): \_\_\_\_\_ Sex: \_\_\_\_\_
3. Grade level of the student in the 20\_\_ / \_\_ school year: \_\_\_\_\_
4. Type of special educational need that the student is identified with: (may tick more than one item)  
☐ Mild Intellectual Developmental Disorder  
☐ Moderate Intellectual Developmental Disorder  
☐ Others (please specify): \_\_\_\_\_
5. Reasons for referral (may provide information for more than one item)

Areas of Concern	Major Problems
Emotion/Behaviour	
Social Skills	
Self-care	
Learning	
Others (please specify)	

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6. Support measures previously/currently taken by school to address the major problems of the student (may provide information for more than one item)

Areas Covered by Major Problems	Support Service/Measures
Emotion/Behaviour	
Social Skills	
Self-care	
Learning	
Others (please specify)	

7. Targets expected to be achieved after the student completes the Short-term Attachment Programme (may tick more than one item)

- |  |   |
|--|---|
| <input type="checkbox"/> Improvement in emotional control<br><input type="checkbox"/> Improvement in following classroom practices<br><input type="checkbox"/> Improvement in self-care abilities<br><input type="checkbox"/> Others (please specify: _____) | <input type="checkbox"/> Improvement in communication/social skills<br><input type="checkbox"/> Enhancement in learning abilities/learning skills |
|--|---|

8. Our school confirms that parental consent has been obtained (on \_\_\_\_\_(date)) for admission of the student to the Short-term Attachment Programme run by SSRCs.

9. Choice(s) for the SSRC(s): The referrer, after communicating with the parent/guardian, indicates their choice(s) for SSRC(s) by numbering in order of priority in the table below. 1 for the first choice, 2 for the second choice, 3 for the third choice, and so on. The referrer should indicate at least one choice.

Choice	District	SSRC
	Eastern	RCHK Island West Hong Chi Morninghope School
	Southern	TWGHs Tsui Tsin Tong School
	Islands	Hong Chi Shiu Pong Morninghope School
	Kwun Tong	CCC Kei Shun Special School
	Sha Tin	Shatin Public School

Choice	District	SSRC
	Sha Tin	Choi Jun School
	North	HHCKLA Buddhist Po Kwong School
	North	Salvation Army Shek Wu School
	Kwai Chung & Tsing Yi	Hong Chi Winifred Mary Cheung Morninghope School
	Kwai Chung & Tsing Yi	Sam Shui Natives Association Lau Pun Cheung School

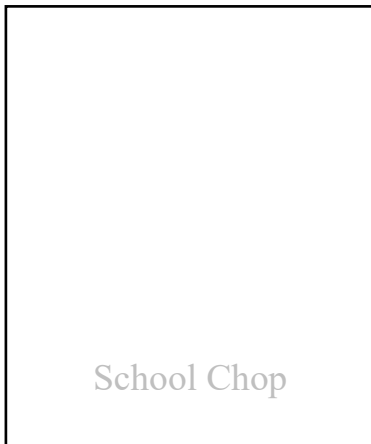
If the quota of SSRC(s) being chosen is full,

- ☐ the application will be withdrawn.  
☐ EDB may offer any SSRC with vacancies.

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We will take follow-up actions and make arrangements for the student as follows:

- (1) We will retain the student's school place so that he/she can return to our school upon completion of the Short-term Attachment Programme.
- (2) When the student is attending the Short-term Attachment Programme, we must take part in the support activities organised by the SSRC concerned and our personnel will join the case review meetings to evaluate the progress of the student.
- (3) Upon completion of the Short-term Attachment Programme, we will follow up on the re-integration arrangement of the student.
- (4) For the student studying Primary 5 or Primary 6, his/her parent/guardian has noted that the student has to return to our school to sit for the examinations of which the results will be used for the "Secondary School Places Allocation System". If there are alternative arrangements, our school will liaise with the parent/guardian to obtain their consent prior to proceeding with the respective follow-up arrangements.



Signature of School Head:

\_\_\_\_\_

Name of School Head:

\_\_\_\_\_

Name and Post of Contact Person:

\_\_\_\_\_

Contact Telephone No.:

\_\_\_\_\_

Date:

\_\_\_\_\_

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Section B: (to be completed by the school-based Educational Psychologist who makes the referral)

I confirm that      (i)      the information of the student that the aforesaid school provides is correct; and  
   (ii)      the aforesaid school has rendered support to the student.

I recommend that the aforesaid case subject be admitted to the Short-term Attachment Programme (20\_\_\_/\_\_\_ School Year).

Signature of the Referrer: \_\_\_\_\_

Name of the Referrer: \_\_\_\_\_

Post Title: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

Note:

1. The use of the student information collected herein is restricted to the purpose of processing the application for Short-term Attachment Programme by the EDB. The EDB will send this referral form to the relevant SSRC that runs the Programme to facilitate its necessary arrangements.
2. In principle, the support period of the Short-term Attachment Programme is 3 months. If the referral is made in the second school term with the support period expected to be less than 3 months, schools are advised to refer the student to join the Programme in the following school year. Should the school need to refer a student to attend the Programme, referral can be submitted from 15<sup>th</sup> September of the school year for which the Programme is applied. EDB will process all applications received for the new school year after the said date.