4.1.1 學生背景資料

(a)中文版

小一學生之學習情況量表

學生背景資料

（由教師填寫）

學生姓名：(中文)＿＿＿＿＿＿＿＿＿＿＿＿ (英文)＿＿＿＿＿＿＿＿＿＿＿＿

班別(年份)：＿＿＿(20＿＿/20＿＿)　　性別：男/女　　STRN：＿＿＿＿＿＿＿＿

填表日期：20＿＿年＿＿月＿＿日　　填表人姓名：＿＿＿＿＿＿＿＿＿＿＿＿

〔甲〕**學習情況**

1. 入讀小學前：

(a) 曾否入讀幼稚園？ ☐ 曾 ☐ 否(如選此項，不用回答 b 至 e 項)

(b) 曾否留班？ ☐ 曾 ☐ 否

(c) 曾否轉校？ ☐ 曾 ☐ 否

(d) 在幼稚園的表現
☐ 良好，沒有困難
☐ *學習/社交/適應上遇到困難
(請圈出適用項目)

(e) 幼兒園/幼稚園給予學生的評語重點是：

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

2. 入讀小學後

交家課情況：
☐ 大致交齊
◯大致正確
◯很多錯誤/缺漏
☐ 間中交齊
☐ 很少交齊

3. 出席紀錄
☐ 從未或很少缺課
☐ 常常缺課

4. 最近一次的測驗/考試成績：中文＿＿＿＿ 英文＿＿＿＿ 數學＿＿＿＿ 全級名次＿＿＿＿

〔乙〕**家庭狀況**

1. 學生主要由＿＿＿＿＿＿＿＿指導做家課，由＿＿＿＿＿＿＿＿照顧日常起居。

2. 學生在家是否使用其他種類語言/方言溝通？ ☐ 是(語言/方言類別＿＿＿＿＿＿) ☐ 否

3. 學生是否跨境生/最近才移居本港？

☐ 是，跨境生(現居於＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿)

☐ 是，最近才移居本港(居港時間約：＿＿＿＿＿＿；來港前居住地：＿＿＿＿＿＿＿＿)

☐ 否

4. 可能影響學生學習表現及生活適應的家庭因素有：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

〔丙〕**特殊教育需要/健康情況**

1. 學生曾否接受專家評估(例：智能評估)？

☐ 曾　　☐ 否

若曾接受專家評估，請註明以下資料：

評估日期：_____　　評估機構：_____

評估結果：_____

有關報告校方已有存檔：　☐ 有　　☐ 沒有

家長是否同意將有關資料記錄於教育局「特殊教育資訊管理系統」（SEMIS）內：　☐ 是　　☐ 否

2. 學生有沒有下列已知/被評定的困難？

☐ 有　　*(請圈出適用項目)*

○ 視障　　*(白內障/角膜炎/青光眼/視網膜脫落/黃斑退化/其他：_____)

○ 聽障　　*(輕度/中度/嚴重/深度）

○ 肢體傷殘 *(肌肉萎縮/大腦麻痺/其他：_____)

○ 智力發展障礙

○ 大/小肌肉控制及協調上的問題(請註明：_____)

○ 自閉症譜系

○ 讀寫困難

○ 語言發展遲緩

○ 注意力不足/過度活躍症

○ 其他 (請註明：_____)

☐ 沒有

3. 學生現在有否接受下列支援，如有：

○ 學生輔導服務

○ 言語治療

○ 職業治療

○ 學習支援

○ 其他：_____

☐ 沒有

4. 學生現時有否患嚴重疾病？　☐ 有 (疾病類別：_____)　☐ 否

如有：　學生是否仍正接受治療？　☐是　☐ 否

5. 學生是否需要長期服藥？　☐是　☐ 否

〔丁〕**其他參考意見**

1. 學生有甚麼強項/喜好？

2. 學生對自己/學校/家庭有甚麼特別的看法/疑慮？

3. 家長對學生有甚麼特別關注的事項？

4. 其他

（b）英文版

Observation Checklist for Teachers
Background Information of Student

(To be filled in by teacher)

Name of Student:_____ Sex: M/F Class (Year): _____(20 /20)

STRN: _____

Date: (day) (mth) 20 (yr) Completed by:_____

[A] Learning experience

1. Before starting Primary School

(a) Has the student attended kindergarten? ☐ Yes ☐ No (if checked, do not need to answer questions (b) to (e) below)

(b) Has the student repeated class? ☐ Yes ☐ No

(c) Has the student changed kindergarten? ☐ Yes ☐ No

(d) Performance at nursery/ kindergartens
☐ Satisfactory, no difficulties
☐ Displaying problem (s) in * learning/ social relationships/adjustment
**(Please circle the appropriate item(s))*

(e) The key remarks from the nursery / kindergarten on the student's performance were:

_____

2. After starting Primary school

Completion of homework
☐ Always or almost always
◯ completed work is generally accurate
◯ completed work contains many errors /missing parts
☐ Occasionally
☐ Rarely

3. Record of attendance
☐ Regular attendance
☐ Frequently absent

4. Last test/examination results: Chinese _____ English _____ Maths _____ Form Position _____

[B] Family situation

1. The student is coached by _____ on his/her homework completion while his/her daily living is taken care of by _____.

2 Does the student speak a different dialect at home? ☐ Yes (please specify _____)

☐ No

3. Is the student a cross-border /newly arrived student?

☐ Yes, a cross-border student (He/She lives in _____)

☐ Yes, a newly arrived student (He/She has lived in Hong Kong for about_____months.

His/Her previous place of residence was_____)

☐ No

4. Any family factor(s) which may affect the student's learning and adjustment：_____

[C] Special educational needs/physical health

1. Did the student receive any specialist assessment (e.g. intellectual assessment)?

☐ Yes ☐ No

If yes, please specify the following information:

Date assessed:_____ Assessment institution:_____

Assessment results: _____

The school has obtained a copy of the assessment report ☐ Yes ☐ No

Parent consent has been obtained for inputting the above assessment information into Special Education Management Information System (SEMIS) ☐ Yes ☐ No

2. Has the student been diagnosed to have any of the following impairments or disabilities?

☐ Yes * *(Please circle the appropriate item(s))*

○ Visual Impairment * (Cataract/ Keratitis / Glaucoma/ Retinal Detachment/ Macular Degeneration/ Others:_____)

○ Hearing Impairment * (Mild/ Moderate/ Severe/ Profound/ Others:_____)

○ Physical Disability * (Muscular Dystrophy/ Cerebral Palsy/ Others:_____)

○ Intellectual Developmental Disability

○ Gross/ Fine motor control and coordination problem (Please specify: _____)

○ Autism Spectrum Disorders

○ Specific Learning Difficulties in Reading and Writing

○ Speech and Language Delay

○ Attention Deficit/Hyperactivity Disorder

○ Others (Please specify:_____)

☐ No

3. Is the student receiving the following support：

- ◯ Student guidance services
- ◯ Speech therapy
- ◯ Occupational therapy
- ◯ Learning Support
- ◯ Others:_____

☐ No

4. Does the student suffer from any severe illness? ☐ Yes (Type of illness :_____) ☐ No

   If yes, is the student still receiving medical treatment? ☐ Yes ☐ No

5. Does the student need to be on a continuous course of medication? ☐ Yes ☐ No

[D] Additional Comments

1. What are the strengths and interests of the student?

   _____

2. Does the student have any special views or concerns about himself/herself, the school or his/her family?

   _____

3. Do the parents have any special concerns about the student?

   _____

4. Others：_____