

RESTRICTED

To: Special Education Support 2 Section [Attn: I(SSES2)5]
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Special Schools 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 Schools 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. Current grade level of the student: _____
- 4. Type of special educational need that the student is identified to be having: (may tick more than one item)
 - Mild/Moderate* Intellectual Disability (* please delete as appropriate)
 - 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)	

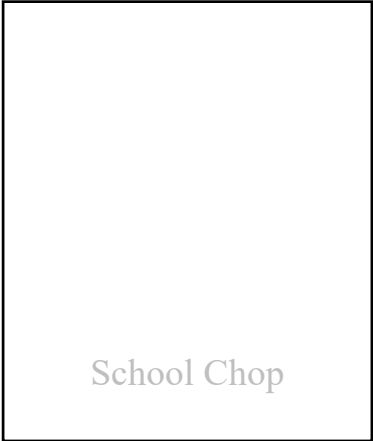
7. Targets expected to be achieved after the student has completed the Short-term Attachment Programme (may tick more than one item)

- Improvement in emotional control
- Improvement in communication/social skills
- Improvement in following classroom practices
- Enhancement in learning abilities/learning skills
- Improvement in self-care abilities
- Others (please specify: _____)

8. We confirm that parental consent has been sought (on _____ (date)) for admission of the student to the Short-term Attachment Programme run by SSRCs.

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 be reintegrated into our school upon completion of the Short-term Attachment Programme.
- (2) When the student is attending the Short-term Attachment Programme, we will actively 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.



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 or officer of the Education Bureau (EDB) 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 Short-term Attachment Programme lasts for 3 months. If the referral is made in the second school term with the support period less than 3 months, schools are advised to refer the student to join the Programme for the next school year. Should school wish to refer the student to attend the Programme for the next school year, referral can be submitted from the 1st working day of July before the school year of attending the Programme. The EDB will process all applications received for the new school year starting from the said date.