



Nil magnum nisi bonum
No greatness without goodness

Sacred Heart Canossian College

嘉 諾 撒 聖 心 書 院

2 Chi Fu Close, Pokfulam, Hong Kong

香港薄扶林置富徑二號

Tel 電話: (852) 2550 6111

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Support for Students with Special Educational Needs (SEN) Claim Form

Our school aims to address the learning needs of all students and cater for learner diversity. Please complete and return this form to the ***school office in person*** for the claim of the special educational needs of your daughter and your consent to transfer such information to the Education Bureau and/or other parties concerned. All information collected will be used for providing assistance for students with special educational needs only. **Documentary evidence of any SEN claims is necessary.**

My daughter ***is diagnosed and confirmed*** to have the following special educational needs:

| Type of SEN (Put a tick '✓' in the applicable boxes.) | Specialists for diagnosis (e.g. public hospitals/ private psychiatrists, etc.) | Date of diagnosis (updated) |
|--|--|-----------------------------------|
| <input type="checkbox"/> Autism Spectrum Disorder (ASD) 自閉症 | | |
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorders (AD/HD) 注意力不足/過度活躍症 | | |
| <input type="checkbox"/> Physical Disability (PD) 肢體傷殘 | | |
| <input type="checkbox"/> Intellectual Disability (ID) 智力障礙 | | |
| <input type="checkbox"/> Specific Learning Difficulties (SLD) 特殊學習困難 | | |
| <input type="checkbox"/> Visual Impairment (VI) 視覺障礙 | | |
| <input type="checkbox"/> Hearing Impairment (HI) 聽覺障礙 | | |
| <input type="checkbox"/> Speech and Language Impairment (SLI) 言語障礙 | | |
| <input type="checkbox"/> Mental Illness (MI) 精神健康問題 | | |

Our Mission

We aim at providing an all-round education of Christian values and formation of the heart to empower our youngsters to be women of integrity and versatility with global awareness.

以全人教育為宗旨，本著基督精神及心靈陶育理念，為社會培育正直及博學多聞的下一代。



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I understand that the above information helps the school consider special arrangements to assist my daughter's learning. I agree on the transfer of the information to the parties concerned.

I acknowledge that this authorisation may be revoked at any time with my written notification, except to the extent that SEN Support has already acted in reliance on it. If not revoked, the authorisation will expire upon the termination of my daughter's enrollment in this school.

Name of Student _____ Class _____ No _____

Name of Parent _____ Signature _____

Date _____

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