



惠僑英文中學

WAI KIU COLLEGE

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8th September 2021

Dear Parents / Guardians,

Questionnaire for Parents on Special Educational Needs and Support of Students

In order to give more support to students with special educational needs (SEN students), the school is now conducting a survey to further understand the learning needs of your child. Please complete the attached questionnaire. The information collected will be kept confidential and for the school's reference only.

Please complete the attached questionnaire and return it to the **class teacher** on or before 17th September 2021, Friday. If you have any enquiries, please contact Miss HUI Ho-lam or Miss LO Ha-lam of the Counselling Team at 2777 6289.

Yours faithfully,

CHENG Che-yin
(Principal)

2021–2022
Wai Kiu College

Questionnaire for Parents on Special Educational Needs and Support of Students

Please complete the following questions. Put '✓'s in the appropriate boxes and submit the questionnaire to the class teacher. The class teacher will pass the completed questionnaire to the Student Support Team.

1. Has your child received any support for special educational needs?

☐ Yes ☐ No

*If yes, please specify the type(s) of special educational need(s):

- | | |
|---|---|
| <input type="checkbox"/> Specific Learning Difficulties | <input type="checkbox"/> Attention Deficit / Hyperactivity Disorder |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Intellectual disability |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Physical / mobility Disabilities | <input type="checkbox"/> Speech and Language Impairment |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Others (Please specify) : _____ |

2. Does your child have any of the following special educational needs assessment report(s) or relevant medical certificate(s)?

- | | |
|---|---|
| <input type="checkbox"/> Educational psychologist assessment report | <input type="checkbox"/> Psychiatrist medical certificate |
| <input type="checkbox"/> Occupational therapy assessment report | <input type="checkbox"/> Speech therapy assessment report |
| <input type="checkbox"/> Clinical psychologist assessment report | <input type="checkbox"/> Ophthalmology, Otolaryngology
medical certificate |
| <input type="checkbox"/> Others (Please specify) : _____ | <input type="checkbox"/> None of the above |

3. Has your child received any educational psychologist service?

☐ Yes ☐ No

4. Has your child joined any of the following activities?

- | | | |
|--|--|--|
| <input type="checkbox"/> Speech therapy | <input type="checkbox"/> Social training group | <input type="checkbox"/> Specific learning difficulties training |
| <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Individual / group coaching | <input type="checkbox"/> Emotional management training |
| <input type="checkbox"/> Others (Please specify) : _____ | <input type="checkbox"/> None of the above | |