

Delia Memorial School (Broadway)

2021-2022

Information on Student Educational Needs

Student Name: _____

Class: _____()

Previous School: _____

The information provided enriches our understanding about your child / ward and helps us provide appropriate and timely support for the child / ward. **Please complete the questionnaire and return it to the class teacher on 10-9-2021.**

Please ✓ the appropriate boxes.

1. Is your child / ward identified with the following Special Educational Need(s) by professionals?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state the type(s) of the Special Educational Need(s): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Mood Problems <input type="checkbox"/> Physical Disability <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Giftedness <input type="checkbox"/> others: _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Specific Learning Difficulties (Dyslexia) <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder <input type="checkbox"/> Speech and Language Impairment <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> others: _____ (Please indicate) </div> </div>
-----------------------------	------------------------------	--

2. Has your child / ward ever received homework accommodation(s)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state the type(s) of the accommodation(s): <input type="checkbox"/> reduced copying-related homework <input type="checkbox"/> enlarged worksheets / enlarged line spacing <input type="checkbox"/> others: _____ (Please indicate)
-----------------------------	------------------------------	---

3. Has your child / ward received any examination accommodation(s)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state the type(s) of the accommodation(s): <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> seating arrangement <input type="checkbox"/> extra time allowance <input type="checkbox"/> provision of break <input type="checkbox"/> others: _____ </div> <div style="width: 48%;"> <input type="checkbox"/> enlarged examination papers / enlarged line spacing <input type="checkbox"/> use of screen reader <input type="checkbox"/> exemption from certain examinations <input type="checkbox"/> others: _____ (Please indicate) </div> </div>
-----------------------------	------------------------------	---

4. Has your child / ward been provided with other support service(s) in school?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state the type(s) of the service(s): <input type="checkbox"/> individual counseling <input type="checkbox"/> group training <input type="checkbox"/> parent consultation <input type="checkbox"/> others: _____ (Please indicate)
-----------------------------	------------------------------	--

5. Please indicate other concerns about the child / ward.

Parent signature: _____ Parent contact no.: _____ Date: _____