

申請言語治療服務表格

Speech Therapy Support Service Application Form

照用の f student: (英文 English) 出生日期 Date of birth: 日 Day 月 Month 年 Year 年齢 Age: 日本幹 Age: 日本 Age:	,		 性别 Sex:	11	
### Age: 日本	Name of student: (英文 English)	<u> </u>	——— □ 男 M	相片	
対象学校 Current School:	出生日期 Date of birth:	年龄 Age:	□女F	Photo	
# 数 Year/ Grade:	日 Day 月 Month 年 Year _				
年級 Year/ Grade:	就讀學校 Current School:		學校類別	Type of School:	
年級 Year/ Grade: □ 國際學校 International 文親姓名 Name of father:	WON 1 PC CONTROL		•		
父親姓名 Name of father:			──── □ 中文學	— □ 中文學校 CMI	
職業 Occupation:	年級 Year/ Grade:		□ 國際學	校 International	
職業 Occupation:	父親姓名 Name of father:	手提電話 Mobile	:		
職業 Occupation: 公司電話 Tel (Business): 住主電話 Tel(Home):			siness):		
住宅電話 Tel(Home):	母親姓名 Name of mother:	手提電話 Mobile	:		
集生有 Taki Tel(Home):			siness):		
學生有否被評為有特殊學習障礙? Has the student been identified as having Specific Learning Disabilities (SLD)? □是 Yes □否 No 如經專業評估為特殊學習障礙者,請附上評估報告副本。 If yes, please attach a copy of the assessment report. 請提供有關你的子女的興趣、強項、特別需要和學習模式等資料,讓我們可以更有效地幫助他/她。 Please give any information regarding your child's interests, strengths, particular needs, and learning styles that might enable us to help him/her more effectively: 你從哪裡得知本會的服務? Who referred you to our services? □射生署 CAC □就讀學校 School □其他機構 Other org. □私人特介 Personal referral □私家醫生 Private practitioners □宣傳刊物 Publicity materials □本人願意收取博思會通訊。 am willing to receive promotion from The Pathways Foundation Ltd. 請將報名表格達同評估報告副本傳真、電郵或等回 Please submit this form with copies of assessment / reports by fax, email or mail to 博思會學習中心 中地ways Foundation Learning Centre (Shatin) 傳真 Fax: 2870 1779 電郵 Email: info@pathways.org.hk 地址: 九龍莊角新填地街 470 號海島中心一樓 地址: 沙田顯經郵顯富樓地下 Address: 1/F, Island Centre, 470 Reclamation Street, Mong Kok, Kowloon Address: 6/F, Hin Fu House, Hin Keng Estate, Shatin 家長/監護人簽署 日期	住址 Home Address:				
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□本人願意收取博思會通訊。I am willing to receive promotion from The Pathways Foundation Ltd. 請將報名表格連同評估報告副本傳真、電郵或寄回 Please submit this form with copies of assessment / reports by fax, email or mail to 博思會學習中心 Pathways Foundation Learning Centre 傳真 Fax: 2870 1779 電郵 Email: info@pathways.org.hk 地址:九龍旺角新填地街 470 號海島中心一樓 Address: 1/F, Island Centre, 470 Reclamation Street, Mong Kok, Kowloon 家長/監護人簽署 日期	你從哪裡得知本會的服務? Who referred y	you to our services?			
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		地址。沙	田顯徑邨顯富樓地下		
Parent/Guardian Signature Date	地址:九龍旺角新填地街 470 號海島中心一樓			pathways.org.hk	
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備註:請在適當的方格內加上「✓」號。Remarks: Please put a tick "✓" in appropriate boxes.