

教育心理學支援服務申請表格

Educational Psychology Support Service Application Form

1. 學生資料 Student Information

學生姓名： (中文 Chinese) _____		相片 Photo
Name of student: (英文 English) _____		
出生日期 Date of birth: 日 Day ____ 月 Month ____ 年 Year ____	年齡 Age: ____ 歲 Years ____ 月 Months	

就讀學校 School: _____ 年級 Year/ Grade: _____

☐ 上午校 am school ☐ 下午校 pm school ☐ 全日制 full day
☐ 中文學校 CMI ☐ 英文學校 EMI ☐ 國際學校 International

父親姓名 Name of father: _____ 手提電話 Mobile Tel: _____

母親姓名 Name of mother: _____ 手提電話 Mobile Tel: _____

住宅電話 Tel(Home): _____ 電郵 E-mail: _____

住址 Home Address: _____

☐ 中西區 Central and Western ☐ 東區 Eastern ☐ 南區 Southern ☐ 灣仔 Wan Chai ☐ 九龍城 Kowloon City
☐ 觀塘 Kwun Tong ☐ 深水埗 Sham Shui Po ☐ 黃大仙 Wong Tai Sin ☐ 油尖旺 Yau Tsim Mong ☐ 離島 Islands ☐ 北區 North
☐ 葵青 Kwai Tsing ☐ 西貢 Sai Kung ☐ 沙田 Sha Tin ☐ 大埔 Tai Po ☐ 荃灣 Tsuen Wan ☐ 屯門 Tuen Mun ☐ 元朗 Yuen Long

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:

2. 一般資料 General Information

A. 本人 *同意 / 不同意 心理學家給予子女零食作獎勵。
I *agree / do not agree to the psychologist offering snacks to my child as rewards.

B. 你從哪裡得知本會的服務? Who referred you to our services?

☐ 衛生署 CAC ☐ 就讀學校 School ☐ 其他機構 Other organizations ☐ 私人轉介 Personal referral
☐ 私家醫生 Private practitioners ☐ 博思會宣傳刊物 Publicity materials
☐ 博思會網頁 Pathways website ☐ 博思會講座及活動 Pathways seminars or events
☐ 其他 Others (請註明 Please specify) _____

C. 本人願意透過以下途徑收取博思會資訊及公告。(可選擇多項)

I agree to receive news and notices from Pathways via the following channels. (You may choose multiple options)

☐ WhatsApp - 父親手提 Father's mobile ☐ WhatsApp - 母親手提 Mother's mobile
☐ 電郵 E-mail ☐ 郵寄 Mail
☐ 本人不願意收取博思會資訊及公告。 I do not agree to receive news and notices from Pathways.

3. 服務資料 Service Information

服務收費

讀寫障礙及早識別評估

\$2,200 包括與家長講解評估結果及評估摘要

諮詢服務

每小時 \$1,100

***預約評估日期後，須繳交\$200 按金。評估日期只可改期一次，惡劣天氣除外。如仍未能出席，已付按金將不予退還。**

Service Fee

Assessment for early identification of dyslexia

\$2,200 (Including post-assessment briefing with parents and an assessment summary)

Consultation

\$1,100 per hour

***A deposit of \$200 is required upon the confirmation of the assessment date. Apart from bad weather, this date can be rescheduled for ONE time only. No further rescheduling will be provided and the deposit will be forfeited.**

教育心理學支援服務須知：

1) 學生需攜帶以下文件：

- 所有相關評估報告（如有）
- 學校學期評估報告（近一年）/ 中文、英文及數學科功課（近一年）
- * 文件只供參考，需要時會被複印。
- * 如未能於當日提供，必須補交，才能為學生撰寫報告。

2) 評估摘要準備需時，需時大約 14 個工作天。

Notice for EPSS:

1) Student has to bring along with the flowing documents:

- any related assessment reports (if any)
- academic report (recent year) / Chi / Eng / Maths homework (recent year)
- * Documents are for reference only. Copies will be made if necessary.
- * If the above documents cannot be provided, you have to submit later for us to write the evaluation summary.

2) About 14 working days are required to complete the assessment summary.

服務使用者同意書 Service User Consent Form

請在本會接受評估及輔導服務前，細閱本同意書。

Please read this statement carefully before you accept assessment and consultation services at Pathways.

個人資料（私隱）條例

為了讓閣下在本會得到最適切的服务，我們會請你提供你的個人資料，並確保它們準確及完整。而這些資料會被本會有關職員作為記錄、評估、治療及督導等用途。

本會亦承諾對閣下的個人資料保密。若有需要向其他人士透露你的個人資料，必先徵求你的同意，除非：

- 隱藏/不透露這些資料會對閣下或其他人的身心健康或安全構成嚴重危害，或
- 法庭頒令，或法律上有所要求。

Personal Data (Privacy) Ordinance

In order to provide the services which best suit your needs, you are invited to provide complete and accurate personal data to Pathways. Personal information will be provided for the purpose of record, assessment, treatment and supervision, etc.

Pathways will not disclose your personal data to any third party without your prior consent, unless:

- Hiding / not disclosing this information could pose a serious hazard to the physical or mental health or safety of yourself or others.
- Permitted or required by law.

☐ 本人明白並願意遵守上述之細則以便接受服務。

I acknowledge that I have understood and am willing to abide by the above statement before accepting the service.

請將報名表格連同評估報告副本(如有)傳真、電郵或寄回

Please submit this form with copies of assessment / reports (if any) by fax, email or mail to

博思會學習中心（沙田） Pathways Foundation Learning Centre (Shatin)

電話 Tel: 3105 2311 傳真 Fax: 3105 1414 電郵 Email: info@pathways.org.hk

地址：新界沙田大圍顯徑邨顯富樓 A 翼(部份)地下 Address: G/F, Wing A (Partial), Hin Fu House, Hin Keng Estate, Tai Wai, Shatin, N.T.

家長/監護人簽署

日期

Parent/Guardian Signature _____

Date _____

請在適當的方格內加上“✓”號。

Please “✓” in appropriate boxes.

*請刪去不適用者。

* Please delete as appropriate.