THE CHINESE UNIVERSITY OF HONG KONG
OFFICE OF ACADEMIC LINKS

Special Learning Needs Notification Form
(Only for IASP students who have special learning needs)

This form is for informing the Chinese University of Hong Kong (CUHK) about your special learning needs so that suitable arrangements might be provided. Information provided on this form will be treated in confidence. However, it will be necessary to transfer the information to Office of Student Affairs (OSA) of the University for appropriate action. You can view the information on support services for students with special learning needs at OSA website: http://www.cuhk.edu.hk/osa/disability.

If you have any questions about completing this form, please contact your IASP student advisor.

Student Record

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Level of Study</th>
<th>Home Institution</th>
<th>Email Address</th>
<th>Study Period at CUHK</th>
<th>Tel. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Family Name) (First Name) (Middle Name)</td>
<td>Male / Female *</td>
<td>Undergraduate / Postgraduate *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To ensure timely arrangements for your special learning needs, you are required to contact Miss Jasvinda NG, the Disability Services Manager of OSA at sdss@cuhk.edu.hk for an appointment once you arrive at CUHK. Please also leave a reachable contact (phone/email) so that OSA can reach you for the appointment:

Tel. No. in Hong Kong (if any): ___________ Email Address: ____________________________

Nature of Disability (Please provide medical/assessment report(s) and certification.)

- Physical Disability: ____________________________
  - Wheelchair user
  - Non-wheelchair user

- Visual Impairment:
  - Blind
  - Color blindness (Type of color deficiency: __________________ )
  - Low vision
    - Left eye (Normal / Mild / Moderate / Severe)
    - Right eye (Normal / Mild / Moderate / Severe)
  - Other eye disease: ____________________________________________

- Hearing Impairment:
  - Deaf
  - Hearing aid (Left / Right / Both ears)
  - High frequency loss
  - Cochlear implant (Left / Right / Both ears)
  - Impairment
    - Left ear (Normal / Mild / Moderate / Severe / Profound)
    - Right ear (Normal / Mild / Moderate / Severe / Profound)

- Speech Impairment: ____________________________

- Visceral Disability: ____________________________

- Attention-deficit / hyperactivity disorder: ____________________________

- Autism Spectrum Disorder: ____________________________

- Mental Illness: ____________________________

- Specific Learning Difficulties: ____________________________

- Other Disability: ____________________________

(Continue on the next page)

* Please delete as appropriate.
Application for special arrangements at CUHK

Please indicate the special accommodations that you would like to request for your study at CUHK.

**Each individual learning accommodation request must be accompanied by relevant supporting document(s).**

<table>
<thead>
<tr>
<th>Special lecture accommodation</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Assistance in forming groups</td>
<td>☐ Braille lecture materials</td>
</tr>
<tr>
<td>☐ Lecture attendance allowance</td>
<td>☐ Lecture materials prior to the class</td>
</tr>
<tr>
<td>☐ Lecture recording (audio / video)</td>
<td>☐ Peer note-takers</td>
</tr>
<tr>
<td>☐ Others:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special test / examination accommodation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Braille test / examination paper</td>
<td>☐ Enlarged test / examination paper</td>
</tr>
<tr>
<td>☐ Extra time allowance: __________</td>
<td>☐ Use of computer</td>
</tr>
<tr>
<td>☐ Supervised breaks: __________</td>
<td>☐ Special room: _________________</td>
</tr>
<tr>
<td>☐ Others:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other learning accommodation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Height-adjustable tables for classes, tests and examinations</td>
<td></td>
</tr>
<tr>
<td>☐ Learning aids and equipment loan service:</td>
<td></td>
</tr>
<tr>
<td>☐ On-campus Rehabus service</td>
<td></td>
</tr>
<tr>
<td>☐ Others:</td>
<td></td>
</tr>
</tbody>
</table>

Please specify your supporting document enclosed with this student record form:

☐ Accommodation letter from your home institution with details of special arrangements you received
☐ Medical letter with recommendation(s) of learning accommodation which supports your application
☐ Others: _______________________________________________________

Contact person in case of emergency:

Name: ___________________ Relationship: ___________________ Tel. No.: ___________________

Email Address: ________________________________________________________________

**Declaration**

- I declare that the above information is true and correct.
- I consent to provide the above-stated information
  a) for registering with the OSA disability support services at CUHK; and
  b) for CUHK statistical and research purposes without the disclosure of personally identifiable information;
  c) the provided personal data will be deleted by OSA seven years after service termination.
- I understand that Office of Academic Links (OAL) / OSA of CUHK will contact me if further information is required.
- I give permission to OAL to release the information provided on this form (and other information and documentation which may be provided in connection with it) to OSA for appropriate action.
- I hereby authorize OSA to liaise with the course offering Faculty(s) / Department(s) and/or other relevant units of CUHK on a need-to-know basis regarding my special educational needs.
- I understand that all information will be kept confidential unless
  - The safety of me / others is in jeopardy and stepped up monitoring is needed for life protection purposes; and/or
  - Legal responsibility is involved.
- I understand that it is my responsibility to notify OAL about my special learning needs in advance once I decide to accept the admission offer for the International Asian Studies Programme (IASP).

Student’s Signature: ___________________ Date: ___________________