Confidential

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/sens.

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

- Americas and ISEP - Mr. Alex CHAU (alexcchaukw@cuhk.edu.hk)
- Asia and Oceania - Ms. Jessica POON (jessicapoon@cuhk.edu.hk)
- Europe and South Africa - Ms. Natalia CHAN (nataliatychan@cuhk.edu.hk)

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

☐ September to December 2023 (1st Term)
☐ September 2023 to May 2024 (Year)
☐ January to May 2024 (2nd Term)
☐ January to May & September to December 2024 (2nd Term, 2023-24 & 1st Term, 2024-25)
☐ Others (Please specify): __________________________ to __________________________

dd/mm/yyyy to dd/mm/yyyy

To ensure timely arrangements for your special learning needs, you are required to contact the SEN Service Manager of OSA at sens@cuhk.edu.hk. Please also leave a reachable contact so that OSA can reach you:

Tel. no. in Hong Kong (if any): __________________________
Email Address: __________________________

Nature of SEN (Please check the appropriate box and provide medical / assessment report(s) and certification.)

☐ Attention-deficit / Hyperactivity disorder
☐ Autism Spectrum Disorder
☐ 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)
☐ Mental Illness: _____________________________________________

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

☐ Specific Learning Difficulties: _____________________________________________

☐ Speech Impairment: _____________________________________________

☐ Visceral Disability / Chronic Illness: _____________________________________________

☐ Visual Impairment:
  ☐ Blind
  ☐ Color blindness:
    ☐ Low vision: Left eye (☐Normal / ☐Mild / ☐Moderate / ☐Severe)
    Right eye (☐Normal / ☐Mild / ☐Moderate / ☐Severe)
  ☐ Other eye disease: _____________________________________________

☐ Other Disability (Please specify): _____________________________________________

Remarks

* 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).**

### Special Lecture Arrangements

| ☐ Assignment deadline extension | ☐ Assistance in forming groups |
| ☐ Enlarged / braille lecture materials | ☐ Lecture attendance allowance |
| ☐ Lecture materials prior to class | ☐ Lecture recording (audio / video) |
| ☐ Peer note-takers | ☐ Use of height-adjustable tables |
| ☐ Use of special equipment: | |

### Special Test / Examination Arrangements

| ☐ Enlarged / braille answer papers | ☐ Enlarged / braille question papers |
| ☐ Extra time allowance: | ☐ Supervised breaks: |
| ☐ Separate invigilation | ☐ Use of special equipment |
| ☐ Use of height-adjustable tables | ☐ Use of laptop / computer |
| ☐ Oral assessment: | ☐ Listening assessment: |
| ☐ Others: | |

### Other Learning Accommodations

| ☐ Learning aids / equipment loan service | ☐ On-campus Rehabus service |
| ☐ Special hostel arrangements: | |

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 SEN Service of Office of Student Affairs (OSA) at CUHK;
  b) for CUHK statistical and research purposes without the disclosure of personally identifiable information; and
  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: ___________________________