

\_\_\_\_ / \_\_\_\_  
Academic Year

**【Student's Personal Information】**

Student's Name: _____	Student Card Number: _____
Name of School: _____	
Date of Birth: ____ / ____ / ____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Level/Grade: _____	Class : _____ Room Teacher's Name: _____

**【Student's Problem】**

A. Main problem ( Only one item can be selected, please mark with 「A」)	B. Minor problem ( More than one item can be selected, please mark with 「B」)
1. Intellectual disability	1. Mental problem
2. Visual Impairment	2. Visual problem
3. Hearing Impairment	3. Hearing problem
4. Physical disability	4. Extremities problem
5. Cerebral palsy	5. Language problem
6. Communicaton disorder	6. Emotional / behavioural problem
7. Attention-deficit/Hyperactivity disorder	7. Attention problem
8. Pervasive development disorder	8. Reading and Writing difficulty
9. Developmental delays	9. Mathematics diffictulty
10. Specific Learning difficulty	10. Others
11. Down's Syndrome	
12. Mental disorder	
13. Multi-handicapped	
14. Others	

**【Overall performance】**

Cognitive Ability:	
Communicative Ability:	
Motor Ability:	
Social Skills:	
Self-caring:	
Behaviour and emotion	
Others:	

**【Suggestions】**

Recommendations in Learning:	
Related professional services:	
Others Recommendations:	

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Appraiser: \_\_\_\_\_ (Title)