

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

### Student's Personal Information

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

### Student's overall performance and the improvement/changes after receiving assistance

Domain		Overall performance	Improvement/changes after receiving assistance
Cognitive Ability			
Subject Learning*	First Language <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Portuguese		
	Second Language <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Portuguese		
	Mathematics		
	General Studies, Science and Humanities		
Communication			
Movement			
Social Interaction			
Self-care			
Behaviour and Emotions			
Others			

Note: For the description of the overall performance of the students in special education small class and special education class (except the subject of Portuguese language), please refer to the learning ability progress level in Supplementary Curriculum Guide (Special Education) .

## Suggestions

Learning	
Professional Services	
Others	

Name of Assessor

Title

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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