

STUDENT INFORMATION			
Name	Chinese	Other language or translated name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	First language
		_____ / _____ / _____ Year Month Day	
Identity Document	<input type="checkbox"/> Macau SAR Permanent Resident ID Card <input type="checkbox"/> Macau SAR Non-permanent Resident ID Card <input type="checkbox"/> Others (please specify: _____)		No.
Address			
School	Class		Student Card Number

ASSESSMENT AND TREATMENT TAKEN BY THE STUDENT			
Name of Institution	Date	Name of Institution	Date
	_____ / _____ to _____ / _____ Year Month Year Month		_____ / _____ to _____ / _____ Year Month Year Month
	_____ / _____ to _____ / _____ Year Month Year Month		_____ / _____ to _____ / _____ Year Month Year Month

GUARDIAN INFORMATION			
Name	Chinese	Other language or translated name	
Relationship	Occupation		Tel No. (1) (2)
Address			

SOURCE OF REFERRAL			
Name of Institution			
Referral person			Tel No.
Problem Description			
Type of service	<input type="checkbox"/> Special education professional consultation <input type="checkbox"/> Educational placement assessment <input type="checkbox"/> Therapy assessment (Please specify: _____)		Assessment used language # <input type="checkbox"/> Chinese <input type="checkbox"/> Portuguese <input type="checkbox"/> English

# Note: The assessment report will be issued according to the used assessment language

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Guardian's signature \_\_\_\_\_

FOR OFFICIAL USE ONLY		
<b>Documents Received:</b> <input type="checkbox"/> Student's and the parents' identification documents copies <input type="checkbox"/> One recent photo of the student(1.5 inches) <input type="checkbox"/> Medical certificate issued by licensed doctor in Macau(if available) <input type="checkbox"/> Copy of Medical Card issued by Health Bureau <input type="checkbox"/> Student's Child Health Record Book <input type="checkbox"/> Copy of Student Card issued by Education and Youth Affairs Bureau <input type="checkbox"/> Student's latest report card copy <input type="checkbox"/> Student development aspects (completed by the school counsellor) <input type="checkbox"/> Student's treatment or assessment report(if available) <input type="checkbox"/> Inquiry of student's overall performance (parents/guardian version) <input type="checkbox"/> Inquiry of student's overall performance (teacher version) <input type="checkbox"/> Others (please specify: _____)	Signature	
	Documents handover date	
	Notice date	
	Note	