教育暨青年局
Direcção dos Serviços de Educação e Juventude

Individualized Education Program

_____ / _____ Academic year

Name of School _____

1. STUDENT'S PERSONAL INFORMATION						
Name	**Chinese**		**Other language or translated name**			Photo
Sex	☐ M ☐ F	**Place of birth**	☐ Macao ☐ Mainland China ☐ Other (Please specify)			
Date of Birth	____ year / ____ month / ____ day	**Computer card (Gold card) No. issued by the Health Bureau**				
Identity Document	☐ Permanent Resident ID Card ☐ Non-permanent Resident ID Card ☐ Macao Resident ID Card ☐ Other (Please specify)	**NO.**				
Address				**Tel.**		
Father's Name	**Chinese**		**Other language or translated name**		**Tel.**	**Home** **Mobile phone**
Mother's Name	**Chinese**		**Other language or translated name**		**Tel.**	**Home** **Mobile phone**
Guardian's Name	**Chinese**		**Other language or translated name**		**Tel.**	**Home** **Mobile phone**
Emergency contact Person's Name	**Chinese**		**Other language or translated name**		**Tel.**	**Home** **Mobile phone**
Guardian's relationship with the student	☐ Father ☐ Mother ☐ Others (Please specify)	**Emergency contact Person's relationship with the student**				
Family Status	**No. of elder brothers**		**No. of younger brothers**		**No. of elder sisters**	**No. of younger sisters**
	Family members living together	☐ Father ☐ Mother ☐ Parents ☐ Others (Please specify)				
Health Status	**Height** M		**Weight** Kg			
	☐ Healthy, seldom sick		☐ Constantly sick			
	☐ Illness (Please specify)		☐ Need to take medicine chronically			
	☐ Have had an operation (Please specify)		☐ Food allergy (Please specify)			
	☐ Others (Please specify)					

2. Academic experience	
Passed studying status (Names of schools that has been ttended)	

Student's Name: _____

3.Counselling / Therapy experience	
Passed counselling / therapy status (Names of companies that has been accepted)	

4. Student's problems

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. Mental retardation		1. Mental problem
	2. Visual disability		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. Learning difficulty specific		10. Others
	11. Down's Syndrome		
	12. Mental disorder		
	13. Multi-handicapped		
	14. Others		

【Note】（Please specify the situation and degree of the foregoing problems）

（To be completed by the working group in accordance with the doctor's diagnosis）

Student's Name: _____

3. Student's potential, level of knowledge and characteristic of learning difficulties （More than one item can be selected）				
Potential	☐ Communication	☐ Calculation ability	☐ Musical tune	
	☐ Bodily kinaesthesia	☐ Language ability	☐ Visual art	
	☐ Observation ability			
	☐ Others (Please specify)			
Learning level of the previous academic year	☐ Pre-school education ☐ Primary school education ☐ Secondary school education	☐ Ordinary student ☐ Inclusive student	Grade	
	☐ Special education	☐ Pre-school special education class ☐ Special education class ☐ Small special class	Level / Grade	
	☐ Others (Please specify)			
	English / Chinese	**Mathematics**	**General Knowledge**	
	Others (Please specify)			
Difficulty	☐ Dyslexia	☐ Difficulty in reading comprehension		
	☐ Agraphia	☐ Weak in memory		
	☐ Difficulty in listening comprehension	☐ Difficulty in reasoning		
	☐ Difficulty in calculation	☐ Difficulty in number concept		
	☐ Weak in verbal expression	☐ Weak in the sense of space direction		
	☐ Weak in coordination of eyesight and motion	☐ Weak in attention		
	☐ Difficulty in limbs activity	☐ Others (please specify)		

6. The measures of special education adopted at present			
A. Education arrangement for this year			
☐ Pre-school education ☐ Primary school education ☐ Secondary school education	☐ Ordinary student ☐ Inclusive student	Grade	
☐ Special education	☐ Pre-school special education class ☐ Special education class ☐ Small special class	Level / Grade	
☐ Others (Please specify)			

Student's Name: _____

B.【Educational plan for this year】 （focus of education） **Note: Teachers may choose table (I) or (II) according to the subjects that students learn.**	
Table (I)	Remark
1. Chinese	
2. English	
3. Mathematics	
4. General Knowledge	
5. Physical Education	
6. Music/Art	
7. Communication / Sociability	
8. Behaviour and emotion	
9. Others	

Student's Name: _____

B.【Educational plan for this year】 （focus of education） **Note: Teachers may choose table (I) or (II) according to the subjects that students learn.**	
Table (II)	Remark
1. Field of studying	
2. Field of living and self-caring	
3. Field of emotion and social adaption	
4. Field of communication and social skills	
5. Field of movement	
6. Others	

Student's Name: _____

C: Professional service required

Type of service	Service content and main objectives	Forms of service	Frequency	Commencement date	Person in charge	Location
Counselling			/ Times Week Minutes per time			
Learning Support			/ Times Week Minutes per time			
Physical therapy			/ Times Week Minutes per time			
Occupational therapy			/ Times Week Minutes per time			
Speech therapy			/ Times Week Minutes per time			
Others						

【Note】（To be completed by the Special Education Working Group）

Student's Name: _____

7. Date of making the plan and signatures of the participants

Time-limit of the plan	____ / ____ / ____ (Year / Month / Day)	to	____ / ____ / ____ (Year / Month / Day)

	Name	Signature	Date
Principal			
Room Teacher			
Subject Teacher			
Resource Teacher			
Student counsellor			
Psychological counsellor			
Occupational therapist			
Physical therapist			
Speech therapist			
Speech training teacher			
Others			

【Meeting date】

First	____ / ____ / ____ (Year / Month / Day)	**Third**	____ / ____ / ____ (Year / Month / Day)
Second	____ / ____ / ____ (Year / Month / Day)	**Fourth**	____ / ____ / ____ (Year / Month / Day)

To be filled in by the Parent / Guardian

☐ I ***agree to*** the content of the plan. During the process of carrying out the plan, teachers can make any modification in accordance with the need.
☐ I ***disagree with*** the content of the plan.

Other comments	

Date ____ / ____ / ____ (Year / Month / Day) _____ Signature of Parent/Guardian