



School name

2 ACADEMIC EXPERIENCE (Names of schools that have been attended)

Student's Name : _____

3. COUNSELLING/THERAPEUTIC EXPERIENCE IN THE PAST (counselling / therapies received)

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4. OTHER IMPORTANT EXPERIENCE (previous surgeries, special medical follow-ups, important competitions, special trainings, regional and international awards)

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5. DIAGNOSIS AND SUGGESTIONS FROM MACAO DOCTORS

A. Medical Diagnosis (choose one only, please mark with 「✓」)

<input type="checkbox"/>	1. Intellectual Disability	<input type="checkbox"/>	2. Visual Impairment
<input type="checkbox"/>	3. Hearing Impairment	<input type="checkbox"/>	4. Motor Disability
<input type="checkbox"/>	5. Cerebral Palsy	<input type="checkbox"/>	6. Communicaton Disorder
<input type="checkbox"/>	7. Attention-Deficit/Hyperactivity Disorder	<input type="checkbox"/>	8. Autism Spectrum Disorder
<input type="checkbox"/>	9. Developmental Delay	<input type="checkbox"/>	10. Specific Learning Difficulties
<input type="checkbox"/>	11. Down's Syndrome	<input type="checkbox"/>	12. Mental Disorder
<input type="checkbox"/>	13. Multiple Disabilities	<input type="checkbox"/>	14. Others _____

【Note】(Please specify the situation and severity of the above problems)

Information in “5.diagnosis and suggestions from Macao doctors” should be provided based on the diagnosis certificates or medical reports given by Macao doctors. If you don't have the relevant certificates or reports, fill ✓ "Others" and indicate “No local medical diagnosis”.

B. Suggestions from local doctors

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【Note】(Please specify the situation and severity of the above problems)

Please specify “no local medical suggestion” in this column if you don't have any suggestion from local doctors.

Student's Name : _____

6. STUDENT'S PERFORMANCE

Education arrangement for the current academic year	<input type="checkbox"/> Gifted student	<input type="checkbox"/> Infant education	Grade	
	<input type="checkbox"/> Inclusive student	<input type="checkbox"/> Primary education		
	<input type="checkbox"/> Special education small class	<input type="checkbox"/> Junior secondary education		
	<input type="checkbox"/> Special education class	<input type="checkbox"/> Senior secondary education		
Current performance level description *	1. First language : <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Portuguese			
	2. Second language : <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Portuguese			
	3. Mathematics			
	4. General Studies, Science and Humanities			
	5. Information Technology			
	6. Art			
	7. Physical education			
	8. Communication / Sociability			
	9. Emotion / Behaviour			
	10. Others			

*Note: Please refer to the Learning Ability Progress Level in "Supplementary Curriculum Guide (Special Education)" to describe the abilities of students who are learning in special education small classes and special education classes.

Student's Name : _____

7. STUDENT'S POTENTIAL AND DIFFICULTIES (during the observed in the class, teacher could selected more than one item)

Potential	<input type="checkbox"/> Communication	<input type="checkbox"/> Calculation ability
	<input type="checkbox"/> Musical tune	<input type="checkbox"/> Visual arts
	<input type="checkbox"/> Bodily kinaesthetic	<input type="checkbox"/> Language ability
	<input type="checkbox"/> Observation ability	<input type="checkbox"/> Creativity
	<input type="checkbox"/> Leadership ability	<input type="checkbox"/> Logical thinking
	<input type="checkbox"/> Drama/Dance	<input type="checkbox"/> Others (Please specify) _____
Difficulty	<input type="checkbox"/> Intellectual problem	<input type="checkbox"/> Visual problem
	<input type="checkbox"/> Hearing problem	<input type="checkbox"/> Movement problem
	<input type="checkbox"/> Language problem	<input type="checkbox"/> Social issues
	<input type="checkbox"/> Attention problem	<input type="checkbox"/> Emotional / Behavioural problem
	<input type="checkbox"/> Mathematics problem	<input type="checkbox"/> Reading and writing problems
	<input type="checkbox"/> Weakness in quantity concept	<input type="checkbox"/> Weakness in literacy
	<input type="checkbox"/> Weakness in calculation	<input type="checkbox"/> Weakness in writing
	<input type="checkbox"/> Weakness in space concept	<input type="checkbox"/> Weakness in reading comprehension
	<input type="checkbox"/> Others (Please specify) _____	

Student's Name : _____

8. ASSISTANCE AND THERAPIES							
Type of service	Service content	Main objectives	Forms of service	Frequency	Applicable period	Person in charge and his/her institution	Location
Counselling				/			
				Times Week			
				Minutes per session			
Learning Support				/			
				Times Week			
				Minutes per session			
Physical Therapy				/			
				Times Week			
				Minutes per session			
Occupational therapy				/			
				Times Week			
				Minutes per session			
Speech therapy/ Speech training				/			
				Times Week			
				Minutes per session			
Others				/			
				Times Week			
				Minutes per session			
【Note】							

Student's Name : _____

9. CONTENT OF EDUCATIONAL ACTIVITIES				
Subject	Academic Year	Semester		
	_____ / _____			<input type="checkbox"/> First <input type="checkbox"/> Second
Subject Teacher's Name	Other Assistants And Their Position			
【Long-term objectives】 				
【Curriculum adaptation】 (can tick more than one box) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Same as other regular students </div> <div style="width: 50%;"> <input type="checkbox"/> Enrichment of courses </div> <div style="width: 50%;"> <input type="checkbox"/> Self-directed learning </div> <div style="width: 50%;"> <input type="checkbox"/> Increase creative thinking education </div> <div style="width: 50%;"> <input type="checkbox"/> Increase high-level thinking education </div> <div style="width: 50%;"> <input type="checkbox"/> Simplified curriculum </div> <div style="width: 50%;"> <input type="checkbox"/> Cut some course content </div> <div style="width: 50%;"> <input type="checkbox"/> Focus on practical life content </div> <div style="width: 100%;"> <input type="checkbox"/> Others (Please specify) _____ </div> </div>				
【Short-term objectives】		Applicable period	Assessment methods ¹	Assisting measures ²

Student's Name : _____

Subject		Academic Year	_____ / _____		Semester	<input type="checkbox"/> First <input type="checkbox"/> Second		
Subject Teacher's Name		Other Assistants And Their Position						
【 Short-term objectives 】			Applicable period	Assessment methods¹	Assisting measures²	Assessment result³		

¹ Assessment methods: **A** – Oral test ; **B** – Written test ; **C** -- Operation ; **D** -- Observation

- ² Assessment measures:
- a - Assessment adaption:
 - a1. Read the questions aloud; a2. Provide multiple choices; a3. Highlight the main point of the questions;
 - a4. Give short answers in point form; a5. Enlarge font size; a6. Widen line widths; a7. Adjust scoring standards;
 - a8. Add open questions; a9. Project learning; a10. Research report; a11. Others
 - b - Use assistive devices:
 - b1. Computer; b2. Audio or video recording equipment; b3. Braille machine; b4. Magnifier; b5. Calculator; b6. Dictionary; b7. Others
 - c - Test schedule:
 - c1. Assessments on different days or in different periods; c2. Assessment at a specific time; c3. Provide more answering time; c4. Others
 - d- On-site settings:
 - d1. Individualized assessment; d2. Provide a designated seat; d3. Provide an interpreter; d4. Others

- ³ Assessment result:
- ✖ --Learning objectives have not been achieved (under 20%);
 - Ø --21-40% of the learning objectives have been achieved ;
 - △--41-60% of the learning objectives have been achieved ;
 - --61-80% of the learning objectives have been achieved ;
 - ✓ --Learning objectives have been achieved (over 81%) .

Individualized Education Program

Student's Name : _____

11. INDIVIDUALIZED EDUCATION PROGRAM MEETING DATE AND PARTICIPANT'S SIGNATURES (The number of meetings can be increased according to actual needs)

Date of first meeting	_____ / _____ / _____				
	Day	Month	Year		
Name of participant	Title	Signature	Name of Participant	Title	Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date of second meeting	_____ / _____ / _____				
	Day	Month	Year		
Name of participant	Title	Signature	Name of Participant	Title	Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Student's Name : _____

12. PROGRAM APPROVAL DATE AND APPROVER'S SIGNATURE (If the content of the individualized education program needs to be modified during the academic year, please add another column for this section)	
Validity period of the program	_____ / _____ / _____ to _____ / _____ / _____ Day Month Year Day Month Year
	I <u>approve</u> the content of this program on _____ (day) _____ (month) _____ (year).
	<div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Approver's title</div> <div>Approver's signature</div> </div>

13. TO BE FILLED BY THE PARENT/GUARDIAN	
<p>I <input type="checkbox"/> <u>have</u> / <input type="checkbox"/> <u>have not</u> attended the individualized education program meeting.</p> <p>I <input type="checkbox"/> <u>have</u> / <input type="checkbox"/> <u>have not</u> received notification from the school that the individualized education program has been approved by the school administrator.</p> <p>(Personal data transfer statement)</p> <p>I <input type="checkbox"/> <u>agree</u> / <input type="checkbox"/> <u>disagree</u> that the Education and Youth Development Bureau collects data of section 5 [Diagnosis and suggestions from Macao Doctors] and section 7 [Student's potential and difficulties] of this program for statistical purpose. The DSEDJ collects data to make more effective plans for the development of Macao special education, so that students with special educational needs can receive better education and services.</p>	
Other opinions	_____
<div style="display: flex; justify-content: space-between;"> <div> Date _____ / _____ / _____ Day Month Year </div> <div> Signature of the Parent/Guardian _____ </div> </div>	