THE CHINESE UNIVERSITY OF HONG KONG OFFICE OF ACADEMIC LINKS

Special Learning Needs Notification Form

(Only for IASP students who have special learning needs)

This form is for informing the Chinese University of Hong Kong (CUHK) about your special learning needs so that suitable arrangements might be provided. Information provided on this form will be treated in confidence. However, it will be necessary to transfer the information to Office of Student Affairs (OSA) of the University for appropriate action. You can view the information on support services for students with special learning needs at OSA website: http://www.cuhk.edu.hk/osa/disability.

If you have any questions about completing this form, please contact your student advisor.

- Americas and ISEP Mr. Alex CHAU (alexchaukw@cuhk.edu.hk)
- Asia and Oceania Ms. Vicky CHENG (vickycheng@cuhk.edu.hk)
- Europe and South Africa Ms. Nicky PANG (nickypang@cuhk.edu.hk)

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		Student Record	<u>L</u>	
Name				
	(Family Name)	(First Name)	(Middle Name)
Gender	Male / Female *	Level of Study	Undergraduate / Pos	stgraduate *
Home Institution		,	Year of Study at Home Institution	
Email Address			Tel. No.	
Study Period at CUHK	September to December 2 January to May 2021 (2nd January to May & Septem Others (Please specify):	Term) The state of the state o	1 (2 nd Term, 2020-21	to May 2021 (Year) & 1st Term, 2021-22) d/mm/yyyy
he Disability Ser Please also leave a	arrangements for your spec vices Manager of OSA at <u>s</u> a reachable contact (phone/ Kong (if any):	dss@cuhk.edu.hk femail) so that OSA	or an appointmen can reach you for	t <u>once</u> you arrive at Cl the appointment:
ature of Disabilit	y (Please provide medical / a	ssessment report(s) a	and certification.)	
	bility:	_		Remarks
☐ Wheelchai	r user \text{Non-wheelcha}	ir user		
☐ Visual Impair	ment:			
☐ Blind				
☐ Color bline	dness (Type of color deficience	ey:)	
☐ Low vision	· • •		,	
Left eye	(Normal / Mild / Moderate /	Severe)		
Right ey	e (Normal / Mild / Moderate	/ Severe)		
☐ Other eye	disease:			
☐ Hearing Impa	nirment:			
□ Deaf	☐ Hearing aid (L	eft / Right / Both ea	rs)	
☐ High frequ	ency loss	ant (Left / Right / Bo	oth ears)	
☐ Impairmen	t			
Left ear	(Normal / Mild / Moderate / S	Severe / Profound)		
Right ear	r (Normal / Mild / Moderate /	Severe / Profound)		
☐ Speech Impai	rment:			
☐ Visceral Disal	bility:			
☐ Attention-def	icit / hyperactivity disorder	:		
☐ Autism Spect	rum Disorder:			
	S :			
	ning Difficulties:			
☐ Other Disabil				Continue on the next page)

^{*} Please delete as appropriate.

Application for special arrangements at CUHK

Please indicate the special accommodations that you would like to request for your study at CUHK.

** Each individual learning accommodation request must be accompanied by relevant supporting document(s).

Special lecture accommodation		<u>Remarks</u>
☐ Assistance in forming groups	☐ Braille lecture materials	
☐ Lecture attendance allowance	☐ Lecture materials prior to the class	
☐ Lecture recording (audio / video)	☐ Peer note-takers	
☐ Others:		
Special test / examination accommodati	ion	
☐ Braille test / examination paper	☐ Enlarged test / examination paper	
☐ Extra time allowance:	☐ Use of computer	
☐ Supervised breaks:	☐ Special room:	
☐ Others:		
Other learning accommodation		
☐ Height-adjustable tables for classes,	tests and examinations	
☐ Learning aids and equipment loan se	ervice:	
☐ On-campus Rehabus service		
		
Please specify your supporting docume	nt enclosed with this student record for	m:
☐ Accommodation letter from your h	ome institution with details of special arra	ngements you received
in Medical letter with recommendation	n(s) of learning accommodation which su	pports your application
	n(s) of learning accommodation which sup	
	in(s) of learning accommodation which suj	
☐ Others:	•	
☐ Others:Contact person in case of emergency:		
Others:Contact person in case of emergency: Name:	Relationship:	
Others:Contact person in case of emergency: Name:		
Others: Contact person in case of emergency: Name : Email Address:	Relationship:	
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Others:	Relationship:	rsonally identifiable information; rvice termination. ontact me if further information is
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Student's Signature: _____ Date: _____