

Questionnaire for Students with Special Educational Needs (SEN)

If you have special educational needs, the University would like to have a better understanding so that we can provide the appropriate assistance to facilitate your learning here.

The information collected in this form will be used by different facility centres and academic units of the University for offering assistance to SEN students and for statistical purposes. The Chow Yei Ching School of Graduate Studies (SGS) will coordinate the collection of such information and make appropriate referrals to teaching academic units and other service providers such as the Library and Student Development Services. All information collected will be kept confidential and used on a need-to-know basis. Whilst there are limits to the level and amount of services that can be provided, individual academic units may contact you to further discuss the services and assistance they can offer.

After completing the form, please return it with medical confirmation or other supporting documents to the SGS Service Counter.

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Student Name: _____ Student No.: _____
 Daytime Telephone No.: _____ CityU Email Address: _____
 Programme Code: _____ Programme Title: _____

1. What is the category of your SEN? (Please select the most suitable description)

- Autism (AU)
- Attention Deficit/Hyperactivity Disorder (DA)
- Colour Blindness (CB)
- Hearing Impairment (HI)
- Mental Illness (MI)
- Physical Disability (PH)
- Specific Learning Difficulties (SL)
- Speech Impairment (SI)
- Visceral Disability (VD)
- Visual Impairment (VI)
- Others, please specify: _____

2. Do you need special assistance for travelling to campus? If yes, how is it arranged?

3. Do you need special arrangements when attending lectures?

4. Do you need assistance or special equipment for your studies and/or completing course assignments?

5. Do you anticipate not being able to attend any activities in your study programme, such as field trips, laboratory work, etc.?

6. Do you need special arrangements for examinations? (Please check the appropriate box(es))

- Examinations to be taken in a separate venue
- Extra examination time required, please specify: _____
- Additional or special equipment required, please specify: _____

- Rest breaks required (not to be counted in examination time), please specify: _____
- Others, please specify: _____

Signature of Student

Date

