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## 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.

dent Name:		Student No.:
rtime Telephone No.:		CityU Email Address:
gramme Code:	Programn	ne Title:
What is the category	of your SEN? (Please	e select the most suitable description)
□ Autism (AU)		
☐ Attention Deficit/I	yperactivity Disorder	(DA)
□ Colour Blindness (	CB)	
☐ Hearing Impairmen	t (HI)	
☐ Mental Illness (MI		
☐ Physical Disability	(PH)	
☐ Specific Learning l	Difficulties (SL)	
☐ Speech Impairmen	(SI)	
☐ Visceral Disability	(VD)	
☐ Visual Impairment	(VI)	
☐ Others, please spec	ify:	
Do you need special	assistance for travelli	ng to campus? If yes, how is it arranged?
		ing to campus. If yes, now is it arranged.

De	you need special arrangements for examinations? (Please check the appropriate box(es))
טע □	Examinations to be taken in a separate venue
П	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