# HONG KONG BAPTIST UNIVERSITY Undergraduate Studies Section

# **Registration Form - Student with Special Educational Needs**

Name:	Student No:
Study Programme:	Mobile Phone No:

## **Disabilities Declaration**

Please put a tick against the appropriate box(es) in the following table and submit this form together with a copy of the Medical Certificate / Assessment Report issued by relevant professional(s).

Autism (ATSM)								
Attention Deficit / Hyperactivity Dis	sorde	er (ATTD)						
Hearing Impairment (HEAR)		Left Ear	Hearing loss: loss > 70Hearning loss 41-70Hearing loss: loss 26-40					
		Right Ear	Hearing loss: loss > 70					
			Hearning loss 41-70					
			Hearing loss: loss 26-40					
Intellectual Disability (INTD)		Profound	Severe		Moderate		Mild	
Mental Illness (MENT)		Psychosis	Neurosis		Other mental disorders			
Physical Disability (PHYD)		Severe	Moderate		Mild			
Special Learning Difficulties (SLND)								
Speech Impairment (SPECH)								
Visceral Disability / Chronic Illness	(VIS	SC)						
Visual Impairment (VISU)		Left Eye	Severe low vision to totally blind     Moderate low vision					
			Mild low vision   Severe low vision to totally blind   Moderate low vision					
		Right Eye						
			Mild low vision					
Others (Please specify:								

### **Disability Type Code and Description**

### **Special Arrangements for Examinations:**

Required (*Please submit the comprehensive documentation provided by professional assessment bodies regarding the special arrangements you are recommended for or special arrangements that have been made for you during your previous studies*)

Not Required

I hereby give my consent to the Academic Registry to release my disabilities and the special arrangements required to the Unit for Students with Special Educational Needs of the Office of Student Affairs and the departments / course instructors concerned during my studies in the University.

I understand that I also have the responsibility to collaborate with the University to ensure effective arrangements in classes and examinations.

Signature:

Date: