

HONG KONG BAPTIST UNIVERSITY

Registration Form - Student with Special Educational Needs

Name: _____ Student No: _____

Study Level: ☐ Undergraduate ☐ Taught Postgraduate ☐ Research Postgraduate

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).

Disability Type Code and Description				
<input type="checkbox"/> Autism (ATSM)				
<input type="checkbox"/> Attention Deficit / Hyperactivity Disorder (ATTD)				
<input type="checkbox"/> Hearing Impairment (HEAR)	<input type="checkbox"/> Left Ear	<input type="checkbox"/> Hearing loss: loss > 70 <input type="checkbox"/> Hearing loss 41-70 <input type="checkbox"/> Hearing loss: loss 26-40		
	<input type="checkbox"/> Right Ear	<input type="checkbox"/> Hearing loss: loss > 70 <input type="checkbox"/> Hearing loss 41-70 <input type="checkbox"/> Hearing loss: loss 26-40		
<input type="checkbox"/> Intellectual Disability (INTD)	<input type="checkbox"/> Profound	<input type="checkbox"/> Severe	<input type="checkbox"/> Moderate	<input type="checkbox"/> Mild
<input type="checkbox"/> Mental Illness (MENT)	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Neurosis	<input type="checkbox"/> Other mental disorders	
<input type="checkbox"/> Physical Disability (PHYD)	<input type="checkbox"/> Severe	<input type="checkbox"/> Moderate	<input type="checkbox"/> Mild	
<input type="checkbox"/> Special Learning Difficulties (SLND)				
<input type="checkbox"/> Speech Impairment (SPECH)				
<input type="checkbox"/> Visceral Disability / Chronic Illness (VISC)				
<input type="checkbox"/> Visual Impairment (VISU)	<input type="checkbox"/> Left Eye	<input type="checkbox"/> Severe low vision to totally blind <input type="checkbox"/> Moderate low vision <input type="checkbox"/> Mild low vision		
	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Severe low vision to totally blind <input type="checkbox"/> Moderate low vision <input type="checkbox"/> Mild low vision		
<input type="checkbox"/> Others (Please specify: _____)				

Special Arrangements for Examinations:

- ☐ Required (*Please submit a professional assessment report issued within 5 years, unless otherwise specified*, which must contain the diagnostic statement identifying the disability condition and the recommendation on reasonable academic accommodations/adjustments and or/other support services.*)
- ☐ Not Required

I hereby give my consent to the University 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 supporting units / 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: _____

Privacy Policy Statement and Personal Information Collection Statement of the University is available at:
<https://bupdpd.hkbu.edu.hk/policies-and-procedures/pps-pics/>

*For details of the documentation criteria, please refer to <https://sa.hkbu.edu.hk/ussen/support-for-students-with-sen/sen-disability-registration-guidelines#documentation-criteria>