



Please complete this form and return to us by **registered** mail or email to [school@apf.org.hk](mailto:school@apf.org.hk).

### STUDENT'S NAME: (BLOCK CAPITALS)

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### PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WHEN HANDING IN THE APPLICATION

- ☐ A copy of Recent within 6 - 12 month's School Reports
- ☐ A copy of Recent within 6 - 12 month's Psychological Assessment Reports  
Not Speech / Occupational / Neurological Report but assessments conducted by Clinical And Educational Pyschologists.
- ☐ A copy of Student's Birth Certificate
- ☐ A copy of Student's HKID Card or passport pages showing Student's photographer ID
- ☐ A copy of Parents' HKID Card
- ☐ 2 passport size photos

### PARENTS / GUARDIAN'S INFORMATION

|                                                                                               |        |                                 |        |
|-----------------------------------------------------------------------------------------------|--------|---------------------------------|--------|
| Mother / Guardian's Surname:                                                                  |        | Mother / Guardian's First Name: |        |
| Contact Number: Home                                                                          | Office | Mobile                          |        |
| Occupation:                                                                                   |        |                                 |        |
| Mailing Address:                                                                              |        |                                 |        |
| Email Address:                                                                                |        |                                 |        |
| Father / Guardian's Surname:                                                                  |        | Father / Guardian's First Name: |        |
| Contact Number: Home                                                                          | Office | Mobile                          |        |
| Occupation:                                                                                   |        |                                 |        |
| Mailing Address:                                                                              |        |                                 |        |
| Email Address:                                                                                |        |                                 |        |
| *If both parents cannot be contacted, please provide another contact person for us to locate: |        |                                 |        |
| Person 1:                                                                                     |        | Relationship:                   |        |
| Name:                                                                                         |        |                                 |        |
| Contact Number:                                                                               | Home   | Office                          | Mobile |
| Person 2:                                                                                     |        | Relationship:                   |        |
| Name:                                                                                         |        |                                 |        |
| Contact Number:                                                                               | Home   | Office                          | Mobile |



| STUDENT INFORMATION         |                                  |                                  |
|-----------------------------|----------------------------------|----------------------------------|
| Surname:                    | First Name:                      |                                  |
| Date of Birth: (dd/mm/yyyy) | Country of Birth:                |                                  |
| Gender:                     | <input type="checkbox"/> Male    | <input type="checkbox"/> Female  |
| Number of Siblings:         | Position of                      | Total Children                   |
| Language Proficiency:       | <input type="checkbox"/> Chinese | <input type="checkbox"/> English |
| HKID / Passport Number:     |                                  |                                  |
| Visa Type:                  | Visa Expiry Date: (dd/mm/yyyy)   |                                  |
| Nationality:                |                                  |                                  |

| SCHOOL INFORMATION        |                 |
|---------------------------|-----------------|
| Current School:           | Year and Grade: |
| Date at this School:      |                 |
| Previous School attended: | Year and Grade: |
| Date at this School:      |                 |
| Additional Information:   |                 |

| ASSESSMENT REPORT                |                               |                                  |                                 |
|----------------------------------|-------------------------------|----------------------------------|---------------------------------|
| Most recent one conducted by:    | <input type="checkbox"/> Gvt. | <input type="checkbox"/> Private | <input type="checkbox"/> Others |
| Date of Assessment: (dd/mm/yyyy) |                               |                                  |                                 |
| Recommendations by Assessor:     |                               |                                  |                                 |

| MEDICAL AND OTHER NEEDS                    |
|--------------------------------------------|
| Are there any health or physical concerns? |

#### Declaration

All the information submitted in the Application Form and the other attachments will be used for admission purpose. They will be destroyed after the admission process is completed. All document submitted will not be returned.

☐ Please tick the box if you do NOT agree with the provision and use of your personal data for other promotion and communication purposes of Autism Partnership Foundation Ltd\* and AP School.

\*AP School is established by Autism Partnership Foundation.

Parent's / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

Parents visited School in:

BACKGROUND INFORMATION OF YOUR CHILD

Early Childhood - Compared to peers and siblings, what raised your concerns?

Developmental History - Where was the child first diagnosed?

| Date | Where your child was assessed | Who conducted this assessment | Diagnosis / Recommendations |
|------|-------------------------------|-------------------------------|-----------------------------|
|      |                               |                               |                             |
|      |                               |                               |                             |
|      |                               |                               |                             |

What services were recommended to you? Service History: How often does your child engage in these services?

|   |                            |                                  |
|---|----------------------------|----------------------------------|
| 1 | Service provided by: _____ | frequency _____ mins every _____ |
| 2 | Service provided by: _____ | frequency _____ mins every _____ |
| 3 | Service provided by: _____ | frequency _____ mins every _____ |
| 4 | Service provided by: _____ | frequency _____ mins every _____ |
| 5 | Service provided by: _____ | frequency _____ mins every _____ |

How is your child responding to these therapies? What outcomes have you observed?

Is your child currently taking medication or require special diet or treatment?

**The following questions will take time to complete. We appreciate your patience and taking the time to provide as much information as possible. We appreciate you telling us about your child's CURRENT behaviours at home, in the community and at school. Please provide details to the report submitted and not just write “refer to the report” .**

Does your child have siblings? If so, can you tell us how your child engages with their siblings? If your child is an only child, do they have playdates? How does your child engage with their peers?

During social settings, for example at park or parties, what will your child be doing?

What would be some situations that will lead to your child being anxious, frustrated or upset?

*At Home:*

*At Community Situations:*

Please describe when your child is upset, what would be the behaviours you see? How often would your child get upset over the same thing? How frequent would your child be upset and have a tantrum in a day, across a week?

What are some of your ways to handle your child's anxiety, frustration or tantrumming behaviours?

## LANGUAGE AND COMMUNICATION

To give us more information in regards to your child's language and ability and interaction with you, please give examples to your child's language and communication:

Please describe and give examples, the complexity of instructions your child understands.

Please describe and give examples, the variety of communications your child expresses with you.

What is your child's favourite pastime and interests?

How easy or difficult is it to introduce a new interest to your child?

Which chores and responsibilities does your child have at home, and that your child can perform what being instructed or without instructions?

How does your child indicate to you that they are not well or feel discomfort?

How would your child react to medical checkups?

How would your child react to and resolve problem? For example when something is broken, or when he/she got hurt, or when someone said he/she did something naughty or dangerous?

SELF HELP AND INDEPENDENT LIFE SKILLS:

Please state examples where your child is independent, without assistance or verbal reminders.

What is your child's awareness and independence to DANGER, such as kitchen hazard awareness; road crossing, etc?

What is your child's awareness and independence to "Getting Dressed", from dressing to choosing outfit?

What is your child's awareness and independence to understanding the concept of "Time" or "Money", from knowing time to abide with time rules?

What is your child's awareness and independence to "Eating Skill"? Please also indicate your child's preference of food.

What is your child's awareness and independence to "Toileting Skill"? Does your child has a routine?

What is your child's independence to "Sleeping Pattern and Routine"?

What is your child's independence to "Bathing & Showering Routine"?

What is your child's awareness and independence to "Personal Hygiene", to brushing teeth, cutting nails, cutting hair etc?

If I came to your house / child's School, how would I identify him / her? What would I be most likely observe your child to be doing?

### **CURRENT SCHOOLING & PERFORMANCE AT SCHOOL**

My child is currently in \_\_\_\_\_ (Name of School)

Class level \_\_\_\_\_

Does your child receive support in class? What is the "teacher to student" ratio?

Does your child have extra support? Speech / group? Please provide details.

(Please write out brief comments) Other than School Reports or IEP meetings with the teachers, what are the comments / observations from the teacher regarding your child in class?

What have been some suggested recommendations on how to work on the comments / observations of your child at school?

How does the current School placement meet and not meet your expectation for your child's needs?