



Dear Parents/Guardians,

2nd September, 2022

Speech Therapy Service

The school uses the "Enhanced Speech Therapy Grant" issued by the Education Bureau to provide speech therapy services to students in need. Our school has hired speech therapist Mr. Cheung Nok Hang from the "Chance Developmental Support Centre" to provide speech therapy services for your child, hoping to improve and enhance their language and communication skills. Evaluation and treatment services will be conducted in the classroom or online through TEAMS in the afternoon. Students will undergo individual or group therapy accordingly, about once every two to three weeks, each session around 30 minutes, and each student's training format and frequency will be decided by the speech therapist depending on the severity of the student's speech problem. Parents will be notified of the training date in the handbook later. Speech therapists also encourage parents to guide their children to practice worksheets distributed by speech therapists at home.

Our school now seeks your consent to record relevant student information in the "Special Education Management Information System (SEMIS)" of the Education Bureau and update it accordingly. The collected information is for educational purposes only and will be kept confidential. Parents please encourage your child to participate in the speech therapy service. Please sign the reply slip and submit it to coordinator teacher of Special Education Needs Ms. Cheng Cheuk Ying.

Yours faithfully,
Mr. Chan Chun Wah
Principal

Reply Slip

(22-007E)

Dear Principal,

I have read the circular "**Speech Therapy Service**" and

- * **agree** to allow my children to receive speech proficiency assessments, treatment services, and record relevant assessments and data in the "Special Education Management Information System" of the Education Bureau.

Speech Therapy format (Please tick "✓" as appropriate)	
<input type="checkbox"/> Conducted in classrooms (8:30 a.m.-1:00 a.m.)	<input type="checkbox"/> Afternoon TEAMS (2:30 p.m.-3:15 p.m.)

- disagree** to allow my children to participate in the speech therapy service.

Class () Student Name : _____

Parent's/Guardian's Signature : _____

Date : _____

* Please cross out inapplicable options.

Note: Class teachers after collecting the circulars, please give them to Ms. Cheng Cheuk Ying.