



Dear Parents/Guardians,

6<sup>th</sup> September, 2023

### Regarding the “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 Ms. Si Choi Yi 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. Students will undergo individual or group therapy accordingly, about once every two to three weeks, 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. The speech therapist also encourages parents to accompany their children to attend the individual training sessions. Parents can guide their children's practice at home and discuss the student's training performance during parent-teacher meetings.

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

(23-015E)

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.

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

Class (      ) Student Name : \_\_\_\_\_

Parent's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

\* Please cross out inapplicable options.

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