



Letter to Parents: LP2302

Dear Parent(s),

School-based Speech Therapy Service

Starting from the 2017/18 school year, the Education Bureau has extended the provision of the School-based Speech Therapy Service to enhance the support for schools in catering for students' diverse educational needs.

Participating parties will be facilitated to access the following service:

1. Speech and Language Assessments;
2. Speech and Language Therapies;
3. Consulting Service and Workshops for Parents/Guardians;
4. School-based Theme Activities for Language Development.

Students with needs will be referred to School-based Speech Therapy Service by teachers during school years until their language abilities attain certain level or they depart. In order to facilitate accurate diagnosis and provision of treatment, relevant students' information will be provided to the school speech therapist as reference. Video or audio recording can be made during sessions to aid the work for professional purposes only. Without prior permission from parents / guardians, such recording will not be transferred to anyone other than the school and hostel. Such recording will be kept for one year after the students have left the school.

Please complete the reply slip and return it to the class teacher or the school speech therapist **within two weeks**. Should you have any enquiries, please feel free to contact Ms Lam direct at 2980 2383. Thank you for your attention.

Principal



(Mr. CHEUK Tak Kan Paul)

Reply Slip

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School-based Speech Therapy Service

Dear Principal,

I have read and understood the content of LP2302.

* I agree my child to access the School-based Speech Therapy Service. I understand that student's information will be provided to the school speech therapist and the results of speech and language assessment will be provided to the school. I also allow video or audio recording to be made during sessions to aid the work for professional purposes only.

* I do not agree my child to access the School-based Speech Therapy Service because _____

Name of Student (English): _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Contact Tel No.: _____

Date: _____

* *Please put a tick in the appropriate box*