

FAX: 2119 9035

RESTRICTED

**Central Referral System for Rehabilitation Services
Subsystem for Disabled Pre-schoolers (CRSRehab-PS)
Registration Form**

Completion guide: Please use BLOCK LETTERS to fill in the information in the boxes or × in the boxes, whichever is appropriate.

1. Personal Particulars

1.1 Name (*In English, surname first*):

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(In Chinese) ()

1.2 Sex: Female Male

1.3 Date of Birth:

<i>Day</i>	<i>Mth</i>	<i>Yr</i>

1.4 Birth Certificate No. /
Travelling Document No.⁺: _____

1.5 Family Main Dialect: Cantonese Putonghua English Others

1.6 Residential District:

Hong Kong and Islands

Central & Western Eastern Southern Wan Chai Islands

Kowloon

Kwun Tong Wong Tai Sin Kowloon City Mong Kok
 Sham Shui Po Yau Ma Tei Tseung Kwan O Sai Kung

New Territories

Kwai Chung Tsing Yi Tsuen Wan Tuen Mun
 Yuen Long Tin Shui Wai Tai Po Sha Tin
 Ma On Shan North

1.7 Parent / Guardian's Address:

Name:

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Residential Address:

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Tel. No.:

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1.8 Whether the child is a ward and pending sign-off: Yes No

1.9 Whether the child's parents are Mainlanders:
 No Yes, please specify Both parents Father only Mother only
 Unknown (e.g. abandoned child)

⁺ Please delete as appropriate

1.10 Information of Kindergarten(KG)/KG-cum-Child Care Centre (KG-cum-CCC)# (Note 1)

KG/KG-cum-CCC Attending:

Name:

Address:

Code:

KG/KG-cum-CCC to be Attended (for OPRS applicants opting for selection of admission based on this KG or KG-cum-CCC):

Name:

Address:

Code:

Date of Admission:

Day Mth Yr

2. Disabilities

##Date of Assessment Assessed by Paediatrician### (Note 3)

(Note 2) *Day Mth Yr*

Clinical Psychologist /
Educational Psychologist /
Other Qualified Professionals
as Recognised by SWD ####
(Note 4)

2.1 Mental Handicap

- N : No
- Y : Yes
- S : Suspected

Degree of mental disability (for "Yes" or "Suspected"):

- A : Mild grade MH
- B : Moderate grade MH
- C : Severe grade MH

Refer to Part II Q1 of Form 2

II. Aspects of Development

1. Cognition:

- Age appropriate
- Suspected developmental delay
- Borderline global developmental delay / Borderline intelligence
- Significant global developmental delay
- Mental age / Functional age level : _____
- Intellectual disability (*applicable for children near school age only*)
 - Mild Moderate Severe to profound

2.2. Physical Impairment

- N : No
- Y : Yes

(a) Whether suffering from Cerebral Palsy

- N : No
- Y : Yes

- S : Suspected

Refer to Part I Q5 of Form 2

I. Basic Information

5. Physical Findings:

- Grossly normal
- Abnormal findings: _____
- Physical impairment
 - Cerebral Palsy Others _____

2.3 Visual Impairment

- N : No
- Y : Yes Residual Visual Ability (better eye)
- S : Suspected

Refer to Part I Q6 of Form 2

I. Basic Information

6. Vision:

- Grossly normal
- Visual impairment (*based on vision of the better eye*):
 - Mild Moderate Severe Blindness
 - Suspected and pending further assessment

* For cases diagnosed as having "severe" visual impairment or "blindness", please select "severe" for visual impairment on Form 1.

- Low Moderate Severe

2.4 Hearing Impairment

- N : No
- Y : Yes
- S : Suspected

Refer to Part I Q7 of Form 2

I. Basic Information

7. Hearing:

- Grossly normal
- Hearing impairment (*based on hearing of the better ear*)
 - Mild Moderate to moderately-severe Severe to profound
 - Hearing Aid prescribed
 - Cochlear Implant performed/planned* (**please delete as appropriate*)
- Suspected and pending further assessment

2.5 Autistic Spectrum Disorder

- N : No
- Y : Yes
- S : Suspected

Refer to Part II Q5 of Form 2

II. Aspects of Development

5. Social and Communication:

- No significant problem / Appropriate for mental age
- Social and communication skills impairment or suspected autism spectrum disorder
- Autism spectrum disorder
- Others: _____

2.6 Speech and Language Impairment: Discrepant delay or disorder

- N : No
- Y : Yes
- S : Suspected

Refer to Part II Q2 of Form 2

II. Aspects of Development

2. Oral Language:

- Age appropriate
- Suspected delay
- Mild delay
- Significant delay
- Language disorder (e.g. associated with autism spectrum disorder, hearing impairment)

Functional age level: verbal comprehension _____
verbal expression _____

- Speech disorder (e.g. articulation problem, fluency problem)

2.7 Others Diagnosis:

- No

Refer to Part II Q1 of Form 2

- Yes** (please tick the following boxes)

Refer to Part II Q6 of Form 2

- Borderline Developmental Delay / Developmental Delay (Yes Suspected)
- Global Developmental Delay / Significant Delay (Yes Suspected)
- Attention Deficit Hyperactivity Disorder (ADHD) (Yes Suspected)
- Fine Motor Delay (Yes Suspected)
- Gross Motor Delay (Yes Suspected)
- Others, please specify: _____ (Yes Suspected)

Refer to Part II Q3 of Form 2

Refer to Part II Q4 of Form 2

Refer to Part II Q7, 8, 9 of Form 2

3. Service(s) Recommended by Paediatrician / Clinical Psychologist / Educational Psychologist / Other Qualified Professionals as Recognised by SWD

- Early Education & Training Centre (EETC)
- Integrated Programme in Kindergarten
- On-site Pre-school Rehabilitation Services
- Special Child Care Centre (SCCC)
- Special Child Care Centre (Hearing impaired)
- Special Child Care Centre (Visually impaired)
- Residential Special Child Care Centre

Refer to Part III A & B of Form 2

III. Pre-school Programme(s) Recommended (Please select either A or B)

A. School Based / In-centre remedial support (*one or more service types can be selected under category A*)

- Early Education and Training Centre
- Integrated Programme in KG-cum-CCC
- On-site Pre-school Rehabilitation Services

B. Intensive Special Training (*one or more service types can be selected under category B*)

- Special Child Care Centre
- Special Child Care Centre (visually impaired)
- Special Child Care Centre (hearing impaired)
- Residential Special Child Care Centre

4. Placement(s)/Preference(s)

An applicant can only choose **ONE type** of pre-school rehabilitation services, i.e. EETC or SCCC or IP in KG-cum-CCC or OPRS in Part I. **All services, except for OPRS, provide choices at region, district and centre levels** and a maximum of 3 choices **in order of priority (No.1 as the most favourite one and No. 2 and 3 in descending order)** are accepted.

PART I: Placement Applied

Service Type

- Early Education and Training Centre
- Integrated Programme in KG-cum-CCC
- On-site Pre-school Rehabilitation Services
- Special Child Care Centre
- Special Child Care Centre (Hearing impaired)
- Special Child Care Centre and / Special Child Care Centre (Visually impaired)
- Residential Special Child Care Centre
- Residential Special Child Care Centre and / Residential Special Child Care Centre (Visually impaired)

Location Preference(s) with order of priority # (Note 1) <i>(for EETC or SCCC or IP in KG-cum-CCC applicants only)</i>
<input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate preference(s) below in order of priority)
1. _____ 2. _____ 3. _____

PART II: Transitional Services
Transitional OPRS arrangement, applicable to: <ul style="list-style-type: none"> ● SCCC applicants not receiving IP in KG-cum-CCC service
Willing to accept Transitional OPRS Placement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Transitional EETC arrangement, applicable to: <ul style="list-style-type: none"> ● IP in KG-cum-CCC applicants who are aged below 2 ● OPRS applicants who are aged below 3 ● SCCC applicants not receiving IP in KG-cum-CCC service or OPRS
Willing to accept Transitional EETC Placement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location Preference(s) of EETC in order of priority # (Note 1)
1. _____ 2. _____ 3. _____

Applicants of OPRS should take note of the following:

1. *The KG or KG-cum-CCC information MUST be filled in for an applicant to be selected for admission to OPRS.*
2. *An applicant who had input information for “KG or KG-cum-CCC to be Attended” will be selected to the Project Team serving this KG or KG-cum-CCC after the school admission date. No selection will then be made based on the KG or KG-cum-CCC he/she is currently attending. For applicant who wishes to be selected into the OPRS Project Team serving the KG or KG-cum-CCC he/she is currently attending, please only provide information on “KG or KG-cum-CCC attending” and no “KG or KG-cum-CCC to be Attended” should be provided.*
3. *The KG or KG-cum-CCC that the applicant provided as basis for OPRS admission selection must be participating in OPRS.*
4. *CRSRehab-PS Form 3 must be submitted timely to update CRSRehab-PS on any change of KG or KG-cum-CCC information.*

5. Service(s) Currently Receiving

- Early Education & Training Centre:
Name of Centre: _____
- Special Child Care Centre:
Name of Centre: _____
- Integrated Programme in Kindergarten-cum-Child Care Centre:
Name of Centre: _____
- On-site Pre-school Rehabilitation Services:
Name of Project Team: _____
- Normal Kindergarten / KG-cum-CCC
- Not receiving any service for pre-schoolers

6. Source of Referral

Case Ref. No.

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(for CRSRehab-PS use)

CRSRehab-PS No.:

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(if any)

7. Declaration

- Referrer has declared that there is no conflict of interest in handling this application. Referrer is not a family member or personal friend of the applicant and has no personal or social ties with the applicant.

Name of Referrer: _____ Signature: _____
(BLOCK LETTERS)

Office / Centre: _____ Tel no.: _____

Date: _____ Fax no.: _____

[#]Note 1: Please visit the SWD website (www.swd.gov.hk) for details of Region/District/Center/Project Team/KG code related to each type of subvented pre-school rehabilitation services.

(Public Services > Rehabilitation Services > List of Services > Pre-school Rehabilitation Service.)

^{##}Note 2: Date of assessment refers to the date when the child is first diagnosed to have/or suspected to have disabilities by either Paediatrician, Clinical Psychologist, Educational Psychologist, or other qualified professionals as recognised by SWD

^{###}Note 3: Paediatrician refers to medical officer of Child Assessment Centre/Paediatric Department in public hospital; or medical officer in private practice who is on the Specialist Register for Paediatrics under the Medical Council of Hong Kong.

^{####}Note 4: For details of “Other Qualified Professionals as Recognised by SWD”, please refer to the latest “Manual of Procedures for CRSRehab-PS”, which can be downloaded at www.swd.gov.hk.