Hong Kong Tang King Po College
香港鄧鏡波書院

享受閱讀，自信勵學
正向價值，積極人生
(SS 25-26_03)
15th September 2025

校本言語治療師 支援服務

為協助有需要的學生適應和投入中學生活環境，本組特邀 校本言語治療師 為本校同學提供支援服務。 貴子弟現獲提名參與，敬希家長督促 貴子弟珍惜此學習機會，準時出席課堂。活動詳情如下：

日期：	由校本言語治療師安排，將另行通知
時間：	由校本言語治療師安排，將另行通知。
地點：	學生支援室
費用：	免費
備註：	是次活動內容具以下元素 ☑ 1. 靜態活動 ☐ 2. 劇烈活動 ☐ 3. 戶外體力消耗 ☐ 4. 較長時間戶外逗留 ＊如患有心臟、呼吸系統或慢性疾病的同學，請諮詢醫生意見是否適宜參與上述 2、3 或 4 項的活動。

如對上述小組安排有任何疑問，歡迎隨時致電本校，聯絡學生支援社工劉子龍先生。

特殊教育需要統籌主任
吳祖兒老師

二零二五年九月十五日

回條

本人已知悉貴組舉辦「校本言語治療師 支援服務」之事宜。 (請於適當格內加「✓」號)

敝子弟 ☐ 擬參加以上支援服務，並將準時出席課堂。

☐ 不擬參加以上支援服務。

學生姓名：_____ 班別：_____ 學號：_____

家長姓名：_____

簽署：_____

日期：二零二五年____月____日

請家長於二零二五年九月二十二日前回覆電子通告

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School-based Speech Therapy Service

To assist students in need to adapt to and engage with the secondary school environment, our department has specially invited a school-based speech therapist to provide support services for our students. Your child has been nominated. As it is a valuable learning opportunity, we kindly ask for your support in encouraging your child to make the most of it and attend all sessions punctually. Details are as follows:

Date:	To be arranged by the School-Based Speech Therapist. Further details will be provided at a later date.
Time:	To be arranged by the School-Based Speech Therapist. Further details will be provided at a later date.
Venue:	Student Support Room
Price:	Free
Notice:	The activity includes the following elements: ☑ 1. Static activities ☐ 2. Vigorous activities ☐ 3. Outdoor physical exertion ☐ 4. Extended outdoor stay ★Students with heart, respiratory or chronic diseases should consult a doctor to determine whether it is suitable for them to participate in activities that include items 2, 3 or 4 mentioned above.

Should you have any queries regarding the above arrangements, please contact Mr. Lau Tsz Lung, the Student Support Social Worker, at 25272427.

Mr. Ng Cho Yi
Special Educational Needs Coordinator

Reply Form

I am fully aware of the notice 'School-based Speech Therapy Service'. (Please tick ✔ in the appropriate box)

My son ☐ will participate in the above support service and will attend it punctually.
☐ will not participate in the above support service

Student's Name: _____ Class: _____ Student's Number: _____

Parent's or Guardian's Name: _____

Signature: _____

Date: _____

Please sign the e-Notice by 22nd September 2025.