

## 4.1.1 學生背景資料

(a) 中文版

### 小一學生之學習情況量表

#### 學生背景資料

(由教師填寫)

學生姓名：(中文) \_\_\_\_\_ (英文) \_\_\_\_\_

班別(年份)：\_\_\_\_\_ (20\_\_\_\_/20\_\_\_\_) 性別：男/女 STRN：\_\_\_\_\_

填表日期：20\_\_\_\_年\_\_\_\_月\_\_\_\_日 填表人姓名：\_\_\_\_\_

#### 〔甲〕學習情況

##### 1. 入讀小學前：

- (a) 曾否入讀幼稚園？  曾  否(如否則不用回答 b 至 e 項)
- (b) 曾否留班？  曾  否
- (c) 曾否轉校？  曾  否
- (d) 在幼稚園的表現  良好，沒有困難  
 \*學習/社交/適應上遇到困難

\*(請圈出適用項目)

(e) 幼兒園/幼稚園給予學生的評語重點是：

\_\_\_\_\_

##### 2. 入讀小學後

交家課情況：

- 大致交齊  
 大致正確  
 很多錯誤/缺漏
- 間中交齊  
 很少交齊

##### 3. 出席紀錄

- 從未或很少缺課  
 常常缺課

4. 最近一次的測驗/考試成績：中文\_\_\_\_\_ 英文\_\_\_\_\_ 數學\_\_\_\_\_ 全級名次\_\_\_\_\_

#### 〔乙〕家庭狀況

1. 學生主要由\_\_\_\_\_指導做家課，由\_\_\_\_\_照顧日常起居。
2. 學生在家是否操別種語言/方言？ 是  (語言/方言類別\_\_\_\_\_ ) 否
3. 學生是否跨境生/最近才移居本港？  
 是，跨境生(現居於\_\_\_\_\_ )  
 是，最近才移居本港(居港時間約：\_\_\_\_\_；來港前居住地：\_\_\_\_\_ )  
 否
4. 可能影響學生學習表現及生活適應的家庭因素有：\_\_\_\_\_

〔丙〕特殊教育需要/健康情況

1. 學生曾否接受專家評估(例：智能評估)？

曾  否

若曾接受專家評估，請註明以下資料：

評估日期：\_\_\_\_\_ 評估機構：\_\_\_\_\_

評估結果：\_\_\_\_\_

有關報告校方已有存檔： 有  沒有

家長是否同意將有關資料記錄於教育局「特殊

教育資訊管理系統」

(SEMIS)內：

2. 學生有沒有下列已知/被評定的困難？

有 *\*(請圈出適用項目)*

視障 *\*(白內障/角膜炎/青光眼/視網膜脫落/黃斑退化/其他：\_\_\_\_\_)*

聽障 *\*(輕度/中度/嚴重/深度)*

肢體傷殘 *\*(肌肉萎縮/大腦麻痺/其他：\_\_\_\_\_)*

智障

大/小肌肉控制及協調上的問題(請註明：\_\_\_\_\_)

自閉症譜系

讀寫困難

語言發展遲緩

注意力不足/過度活躍症

其他 (請註明：\_\_\_\_\_)

沒有

3. 學生現在有否接受下列支援，如有：

學生輔導人員的服務

言語治療

職業治療

學習支援

其他：\_\_\_\_\_

沒有

4. 學生現時有否患嚴重疾病？  有 (疾病類別：\_\_\_\_\_)

如有： 學生是否仍正接受治療？  是  否

5. 學生是否需要長期服藥？  是  否

〔丁〕其他參考意見

1. 學生有甚麼強項/喜好？

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2. 學生對自己/學校/家庭有甚麼特別的看法/疑慮？

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3. 家長對學生有甚麼特別關注的事項？

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4. 其他

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**Observation Checklist for Teachers**  
**Background Information of Student**

(b) 英文版

(To be filled in by teacher)

Name of Student: \_\_\_\_\_ Sex: M/F Class (Year): \_\_\_\_\_ (20 /20 )  
STRN: \_\_\_\_\_  
Date: \_\_\_\_\_ (day) \_\_\_\_\_ (mth) 20 \_\_\_\_\_ (yr) Completed by: \_\_\_\_\_

[A] Learning experience

1 Before starting Primary School

- (a) Has the student attended kindergarten?  Yes  No (if checked, skip questions (b) to (e) below )
  - (b) Has the student repeated class?  Yes  No
  - (c) Has the student changed kindergarten ?  Yes  No
  - (d) Performance at  Satisfactory, no difficulties  
nursery/  
kindergartens  Displaying problem (s) in \* learning/ social relationships/adjustment
- \*(Please circle the appropriate item(s))*

(e) The key remarks from the nursery / kindergarten on the student's performance were:

\_\_\_\_\_

2. After starting Primary school

- Completion of homework  Always or almost always
- completed work is generally accurate
  - completed work contains many errors /missing parts
- Occasionally
- Rarely

3. Record of attendance  Regular attendance
- Frequently absent

4. Last test/examination results: Chinese \_\_\_\_\_ English \_\_\_\_\_ Maths \_\_\_\_\_ Form Position \_\_\_\_\_

[B] Family situation

1. The student is coached by \_\_\_\_\_ on his/her homework completion while his/her daily living is taken care of by \_\_\_\_\_.
2. Does the student speak a different dialect at home?  Yes (please specify \_\_\_\_\_ )  
 No
3. Is the student a cross-border /newly arrived student?  
 Yes, a cross-border student (He/She lives in \_\_\_\_\_ )  
 Yes, a newly arrived student (He/She has lived in Hong Kong for about \_\_\_\_\_ months.  
His/Her previous place of residence was \_\_\_\_\_ )  
 No
4. Any family factor(s) which may affect the student's learning and adjustment : \_\_\_\_\_

[C] Special educational needs/physical health

1. Did the student receive any specialist assessment (e.g. intellectual assessment)?  
 Yes  No  
If yes, please specify the following information:  
Date assessed: \_\_\_\_\_ Assessment institution: \_\_\_\_\_  
Assessment results: \_\_\_\_\_  
The school has obtained a copy of the assessment report  Yes  No  
Parent consent has been obtained for inputting the above assessment information  Yes  No  
into Special Education Management Information System (SEMIS)
2. Has the student been diagnosed to have any of the following impairments or disabilities?  
 Yes *\*(Please circle the appropriate item(s))*
  - Visual Impairment *\*(Cataract/ Keratitis / Glaucoma/ Retinal Detachment/ Macular Degeneration/ Others:\_\_\_\_\_)*
  - Hearing Impairment *\*(Mild/ Moderate/ Severe/ Profound/ Others:\_\_\_\_\_)*
  - Physical Disability *\*(Muscular Dystrophy/ Cerebral Palsy/ Others:\_\_\_\_\_)*
  - Intellectual Disability
  - Gross/ Fine motor control and coordination problem (Please specify: \_\_\_\_\_)
  - Autism Spectrum Disorders
  - Specific Learning Difficulties in Reading and Writing
  - Speech and Language Delay
  - Attention Deficit/Hyperactivity Disorder
  - Others (Please specify:\_\_\_\_\_) No

3. Is the student receiving the following support :

Student guidance service

Speech therapy

Occupational therapy

Learning Support

Others: \_\_\_\_\_

No

4. Does the student suffer from any severe illness?  Yes (Type of illness : \_\_\_\_\_)  No

If yes, is the student still receiving medical treatment ?  Yes  No

5. Does the student need to be on a continuous course of medication?  Yes  No

[D] Additional Comments

1. What are the strengths and interests of the student?

\_\_\_\_\_

2. Does the student have any special views or concerns about himself/herself, the school or his/her family?

\_\_\_\_\_

3. Do the parents have any special concerns about the student?

\_\_\_\_\_

4. Others : \_\_\_\_\_