



天水圍香島中學

HEUNG TO MIDDLE SCHOOL (TIN SHUI WAI)

<http://www.heungto.net>

HEUNG TO MIDDLE SCHOOL (TIN SHUI WAI)(P019-2019)

13th September, 2019

Dear Parents/ Guardians,

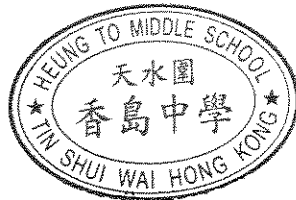
To enhance students' communication skills, Samlot Speech & Swallowing Clinic is going to provide speech and language assessment for our students. Your child is nominated to take the assessment. The details are as follows.

Assessment date	September 2019 to October 2019
Therapy dates	October 2019 to May 2020
Time	During lessons
Venue	Room 118
Fee	Free of charge

The following reply slip should be duly completed and returned to Miss Chan Yee Man on or before 19th September, 2019. If you have any enquiries, please feel free to call Miss Chan Yee Man at 26500016.

Yours faithfully,

Heung To Middle School (Tin Shui Wai)



HEUNG TO MIDDLE SCHOOL (TIN SHUI WAI)(P019-2019) Reply Slip

(This reply slip should be returned to the Miss Chan Yee Man on or before Sep 19, 2019)

To: Heung To Middle School (Tin Shui Wai)

I have been notified of the arrangement and

- I agree that the qualified speech therapist of Samlot Speech & Swallowing Clinic can access my child's personal information, conduct the speech and language assessment with my child and conduct follow up therapy sessions. **I have also completed the letter of consent attached.**
- I disagree to let my child take the speech and language assessment.

Student's name: _____ Class: ____ (____)

Signature of Parent/ Guardian: _____

Contact number of Parent/ Guardian: _____

Date: ____ / ____ / 2019

(Please '✓' as appropriate)



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HEUNG TO MIDDLE SCHOOL (TIN SHUI WAI)

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Heung To Middle School (TSW)

Speech Therapist Service

Letter of Consent

I agree that the qualified speech therapist of the clinic commissioned by Heung To Middle School (TSW) can get access to my *child's/ my ward's personal information.

Name in Chinese : _____

Name in English : _____

Date of Birth : _____ Year _____ Month _____ Day

Student No. (STRN) : _____

So the speech therapist can conduct speech and language assessment with my child and conduct follow up therapy sessions.

Name of parent/guardian : _____

Signature of parent/guardian : _____

Telephone No. : _____

Date : _____

*Delete as inappropriate