



**Vocational Training Council  
Applied Learning Courses  
Students with Special Educational Needs –  
Application for Special Assessment Arrangements  
2023-25 Cohort; 2025 HKDSE  
[Commencing at Secondary 5 in the 2023/24 School Year]**

Introduction

Students with Special Educational Needs (SEN), depending on the nature and severity of their disabilities, may apply for **special assessment arrangements** (such as time allowance, enlarged print), or/ and **exemption from an assessment or part of an assessment** before or when the courses commence.

Deadline for Application

**The deadline for application is 3<sup>rd</sup> October 2023.** Students should submit applications, together with documentary evidence, on or before **3<sup>rd</sup> October 2023** to **Ms Wong, VTC Applied Learning Team (Room 1401, 14/F, VTC Tower, 27 Wood Road, Wan Chai; please specify “Application for Special Assessment Arrangements”)**. Applications submitted after **3<sup>rd</sup> October 2023** will normally not be accepted.

Documentation / Information Requirements

1. All applications should be supported by **an up-to-date medical / assessment report**, valid throughout the ApL assessment period, issued **by the Hospital Authority, Department of Health, Education Bureau, a registered medical practitioner or a professional (e.g. audiologist, speech therapist, educational psychologist, etc.)**. These reports should **state the special needs of the students and the special assessment arrangement necessary for the students.**
2. Schools should also provide information on the **special arrangements made for the students in the school internal assessments** in the application forms.

Application without sufficient documentary evidence, information and justifications will not be processed.

Processing Procedures

- All applications are considered by the Course Leaders concerned, Chairman of the VTC Applied Learning Course Board, and Vocational Training for People with Disabilities Section of the VTC. Late application will not be processed.
- In considering the special assessment arrangements, the nature and severity of the disabilities, the requests of the students, as well as special arrangements made for the students in schools will be given due consideration.

Notification of Results

The results in writing will be released to the schools and the students in December 2023. The results will be valid for the whole cohort, i.e. students need not re-apply in S.6 under normal circumstances.

Submission of Applications and Enquiries

**VTC Applied Learning Team**

Room 1401, 14/F, VTC Tower, 27 Wood Road, Wan Chai, Hong Kong

Telephone: 2836 1264

Email: [apl-enquiry@vtc.edu.hk](mailto:apl-enquiry@vtc.edu.hk)

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Course Title \_\_\_\_\_ Class \_\_\_\_\_  
 Stream (where applicable) \_\_\_\_\_

**Part 1: Personal Particulars**

Name of Student (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ HKID Card No. \_\_\_\_\_ Gender \_\_\_\_\_  
 Day / Month / Year  
 Home Address \_\_\_\_\_  
 Contact No. (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
 Name of School \_\_\_\_\_ Tel. No. of School \_\_\_\_\_  
 Name of Teacher-in-charge \_\_\_\_\_

**Part 2: Nature of Special Educational Needs** (Please ✓ as appropriate)

All applications should be supported by a relevant medical / assessment report, with details of the applicant's nature(s), details and severity of special educational needs.

Special Educational Needs	Details
<input type="checkbox"/> Hearing Impairment	
<input type="checkbox"/> Visual Impairment	
<input type="checkbox"/> Physical Handicap	
<input type="checkbox"/> Speech Impairment	
<input type="checkbox"/> Intellectual Disabilities	
<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Autism	
<input type="checkbox"/> Visceral Disability / Chronic Illness	
<input type="checkbox"/> Specific Learning Disabilities, e.g. Dyslexia	
<input type="checkbox"/> Attention Deficit / Hyperactivity Disorder	

**Part 3: Application for Special Assessment Arrangements** (Please ✓ as appropriate)  
 Details of applicant's special educational needs and special assessment arrangements required  
 MUST be stated in the Supporting Document(s) submitted.

**A. In-class Written Assessment**

Special Assessment Arrangement	Details
<input type="checkbox"/> Time Allowance	
<input type="checkbox"/> Supervised Breaks during Assessment (A 5-minute break for every 45 minutes)	
<input type="checkbox"/> Use of Ancillary Aids, e.g. hearing aids, magnifiers	
<input type="checkbox"/> Use of Screen Reader (Please specify the name of the text-to-speech software to be used)	
<input type="checkbox"/> Special Arrangement for Question Papers, e.g. enlarged print	
<input type="checkbox"/> Special Arrangements for Answering Questions, e.g. write on alternate lines, circle the MC answers on the question papers, use of computer instead of handwriting	
<input type="checkbox"/> Special Seating Arrangements	
<input type="checkbox"/> Others	

**B. In-class Practical Assessment**

Special Assessment Arrangement	Details
<input type="checkbox"/> Time Allowance	
<input type="checkbox"/> Use of Ancillary Aids, e.g. hearing aids, magnifiers	
<input type="checkbox"/> Others	

**C. In-class Oral Presentation**

Special Assessment Arrangement	Details
<input type="checkbox"/> Time Allowance	
<input type="checkbox"/> Others	

**D. Other Assessment Methods (Please specify: \_\_\_\_\_)**

Special Assessment Arrangement	Details
<input type="checkbox"/> Please specify: _____	

**Part 4: Application for Exemption** (Please ✓ as appropriate)

Details of applicant's special educational needs and exemptions required **MUST** be stated in the Supporting Document(s) submitted.

Assessment Methods
<input type="checkbox"/> Oral Presentation
<input type="checkbox"/> Practical Assessment (Please specify the name of the Assessment Task(s): _____)
<input type="checkbox"/> Others (Please specify the name of the Assessment Task(s): _____)

**Part 5: Information on Special Arrangements in Internal Assessments****(To be completed by School)**

The following special arrangement(s) have / has been made available to the student in internal assessments **currently**: (Please ✓ as appropriate)

Special Assessment Arrangement	Details
<input type="checkbox"/> Time Allowance	
<input type="checkbox"/> Supervised Break(s) during Assessment	
<input type="checkbox"/> Use of Ancillary Aids, e.g. magnifiers, screen readers	
<input type="checkbox"/> Special Arrangement for Question Papers, e.g. enlarged print	
<input type="checkbox"/> Special Arrangements for Answering Questions e.g. write on alternate lines, circle the MC answers on the question papers, use of computer instead of handwriting	
<input type="checkbox"/> Special Seating Arrangement	
<input type="checkbox"/> Others	

Signature of Principal \_\_\_\_\_

Name of Principal \_\_\_\_\_

Name of School \_\_\_\_\_

(School Chop)

**Part 6: Declaration**

I authorize \_\_\_\_\_ (Name of School) to submit student's medical /assessment report (s) issued by medical practitioner / professional to VTC Applied Learning Team according to the requirements of the application.

I also authorise the Vocational Training Council (VTC) to disclose the student's personal information and other relevant information pertinent to this application to bodies concerned. I also agree to authorise the VTC to obtain the relevant information of the student from other institutions including the Education Bureau, Department of Health, etc. to facilitate the VTC in processing the students' application for exemption / special assessment arrangements.

Name of Student \_\_\_\_\_ Signature of Student \_\_\_\_\_

Name of Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_