



# 通告 Notice

## **No. 20006:Occupational Therapy Service (Assessment of Eye-hand Coordination, Motor Skills and Visual Perception)**

30<sup>th</sup> August,2020

Dear Parents,

The school will need your consent in order for the Chance Developmental Support Center to conduct an occupational therapy assessment and follow-up sessions for your child.

The occupational therapists will perform an assessment and follow-up sessions (if needed) in school.

Please return the reply slip to your class teacher on or before \_\_\_\_\_. For further queries, please contact Ms. Leung Ka Yan at 2577-5188.

Li Sing Tai Hang School



Ms. Shirley Yip, the Principal



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## Consent Form

To: Li Sing Tai Hang School. I have acknowledged the Notice 20006 and I (Please ✓ where appropriate)

- agree
- disagree

1. to my child receiving an occupational therapy assessment and the follow-up service (if needed) by the Chance Developmental Support Center, and for the school to be notified of the result in order to arrange follow-up sessions.
2. to transfer my child's information to the Education Bureau and relevant organizations in order to facilitate the provision of services if required.

Class: \_\_\_\_\_ Name: \_\_\_\_\_ ( ) Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_