

親愛的家長/監護人：

感謝您與三藩市聯合校區 (SFUSD) 兒童早期特殊教育 (ECSE) 幼稚園入學前接收單位 (PIU) 聯絡。此信函針對您所提出就您子女的兒童早期特殊教育 (ECSE) 進行評估的請求作出回應。

為了更有效地幫助我們進行評估，請為三藩市聯合校區提供以下文件：

- 填妥的家長/監護人問卷 (附件)。
- 孩子如若曾經就讀幼兒班或育兒中心，請提供填妥的教師意見表 (附件)。
- 孩子如在12個月以內曾接受測試，請提供聽覺及視覺篩檢結果。
- 請提供任何孩子曾經接受過的評估的副本。
- 兩 (2) 份居住證明原件 (如 PG & E 賬單、電話賬單或 cable 賬單)
- 孩子的出生日期證明 (以下任何一份副本皆可：出生證明、醫院紀錄、受洗證書或護照)。

幼稚園入學前接收單位 (PIU) 必須在接受文件的十五(15)日曆天內，以為孩子制定的評估計劃書 (AP)、或事先書面通知 (PWN)——一封解析為何將不會對孩子進行評估的信作回覆。請注意，暑假或超過五(5)天的學校假期 (如寒假) 並不受制於此限期。

本資料包內包括了一份問卷調查，問卷調查有助於 SFUSD 評估員瞭解您子女的情況，以便切實嘗試消除您的擔憂，以及確定評估需求。

請完整填寫所有表格並且寄往以下地址：

SFUSD: Special Education  
ATTN: Prekindergarten Intake Unit  
3045 Santiago Street  
San Francisco, CA 94116

或傳真至：(415) 242-2528  
Attn: SPED: PreK Intake Unit

為了方便您起見，我們還在資料包內放置了一系列關於評估過程的常見問題〔與解答〕(FAQ)。如果您就這些表格有任何問題，或是您需要有人協助填寫，請致電 (415) 759-2222 聯絡我們的辦公室。

謹此

特殊教育總監

Dear Parent/Guardian:

Thank you for contacting the San Francisco Unified School District (SFUSD), Early Childhood Special Education (ECSE) Preschool Intake Unit (PIU). This letter has been sent in response to your request for an ECSE assessment of your child.

**In order to better conduct our assessment, SFUSD requires you provide the following items:**

- Completed Parent/Caregiver Questionnaire (attached).
- Completed Teacher Input Form (attached) if your child attends preschool or a childcare facility.
- Written verification of hearing and vision screenings results if your child's hearing and/or vision have been tested within the last 12 months.
- Copies of any previously completed assessments of your child.
- Two (2) original proofs of residency (example: PG&E bill, phone bill, or cable bill).
- Verification of child's birth date (copy of one of the following: Birth Certificate, Hospital Record, Baptismal Certificate, or Passport).

Upon receiving these items the PIU must reply within fifteen (15) calendar days with a written Assessment Plan (AP) for your child, or Prior Written Notice (PWN) letter explaining why an assessment will not be conducted. Please note that this timeline does not apply during summer recess, or school holidays exceeding five (5) days (e.g. winter break).

The questionnaire included in this packet and requested documents will help the SFUSD assessors get to know your child, accurately address your concerns, and determine any assessment needs.

Please complete in full and mail all documents to:

SFUSD: Special Education  
ATTN: Prekindergarten Intake Unit  
3045 Santiago Street  
San Francisco, CA 94116

Or Fax to: (415) 242-2528  
Attn: SPED- PreK Intake Unit

For your convenience, a list of frequently asked questions (FAQ) addressing the assessment process is included in this packet. If you have any additional questions about these forms or need assistance filling them out please contact our office at (415) 759-2222.

Sincerely,

San Francisco Unified School District

## 評估時間表

1. 收到轉介文件十五 (15) 日曆天內，評估工作人員將審閱轉介文件，並且對此請求作適當回覆。工作人員將制定評估計劃，內容闡述評估領域及評估工具，或是致信（事先書面通知）說明為何將不會進行評估。
2. 若制定了評估計劃，計劃將會寄給家長/監護人簽名。沒有家長許可和經過簽名的計劃不得對兒童進行評估。
3. 除暑假和超過五 (5) 天的學校假期外，在收到已簽名的評估計劃的六十 (60) 個日曆天內，將進行評估並且召開個別教育計劃會議 (IEP)。

## 常見問題 (FAQ)

### 由誰進行評估？

您在申請上所描繪的性質和關注的範圍將決定所委派的評估員類型。也許是兒童早期特殊教育心理學家、言語——語言病理學家、相關服務提供者（如：職能治療師、物理治療師等）、或綜合各種不同的評估人員。

### 評估後有哪些後續動作？

將通知家長/監護人參加 IEP 會議。安排家長/監護人於能夠參與的時間召開 IEP 會議。

### 什麼是 IEP 會議？

IEP 會議會對評估中收集到的資訊進行解釋、討論並且用於您子女教育的決定。您子女的資訊將用於：

- 斷定您的子女是否符合資格接受特殊教育和相關服務和/或您的子女是否符合殘障人士教育法案(IDEA) 下“殘障兒童”的定義。
- 若您的子女符合資格接受特殊教育服務，將制定目標以幫助您的子女獲得教育得益。

欲瞭解更多資訊，請瀏覽我們的網站：[www.sfusd.edu](http://www.sfusd.edu)

(<http://www.sfusd.edu/en/programs-and-services/special-education/pre-school-special-education-services.html>)

(請保留此頁作存檔)

## ASSESSMENT TIMELINES

1. Within fifteen (15) calendar days of receipt of a referral, assessment staff will review the referral request and determine the appropriate response to the request. They will either develop an Assessment Plan stating areas to be assessed, or they will send a letter (Prior Written Notice) explaining why an assessment will not be conducted.
2. If an Assessment Plan is developed, it will be sent to the parent/guardian for signature. No child can be assessed without parental permission and a signed plan.
3. Within sixty (60) calendar days of receipt of the signed Assessment Plan, excluding summer and school holidays of more than five (5) days, an assessment will be conducted and an Individualized Education Program meeting (IEP) held.

## FREQUENTLY ASKED QUESTIONS (FAQ)

### Who will conduct assessments?

The nature and area of concern outlined in your request will determine the type of assessor(s) assigned. This could be an ECSE Psychologist, Speech-Language Pathologist, related service provider (e.g. Occupational Therapist, Physical Therapist, etc.), or any combination of these assessors.

### What happens after the assessment?

The parent/guardian will be notified to participate in an IEP meeting. The IEP meeting will be scheduled to ensure the parent/guardian can attend.

### What is an IEP meeting?

An IEP meeting is where Information gathered from the assessment is explained, discussed, and used to make decisions about your child's education. Information about your child will be used to:

- *Determine if your child is eligible for special education and related services and/or decide if your child meets the definition of a "child with a disability," under the Individuals with Disabilities Education Improvement Act (IDEIA).*
- *If your child is eligible for Special Education Services, goals will be developed to assist your child in receiving an educational benefit.*

For more information please visit our website: [www.sfusd.edu](http://www.sfusd.edu)  
(<http://www.sfusd.edu/en/programs-and-services/special-education/pre-school-special-education-services.html>)

*(Keep this page for your records)*



**家長/看護人問卷調查表/ Parent/Caregiver Questionnaire**

日期/ Date : \_\_\_\_\_ 問卷填寫人/ Questionnaire Completed by : \_\_\_\_\_

是否由其他人士協助您填寫此表格? / Did another person assist you when completing this form? 是(Yes) / 否(No)

如果是，請列出名字及其與兒童的關係 / If yes, please list Name and relationship to child: \_\_\_\_\_

兒童法定全名 : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Child's Full Legal Name: 名 / First 中間名 / Middle 姓 / Last

暱稱 / Child's Nickname : \_\_\_\_\_ 性別 / Gender (請勾選) : 男/Male 女/Female

兒童的出生日期 / Child's Date of Birth : 日/Month \_\_\_\_\_ 月/Day \_\_\_\_\_ 年/Year \_\_\_\_\_

兒童所屬族裔/ Child's Ethnicity (列出所有適用項/ List all that apply) : \_\_\_\_\_

轉介原因/ Reason for referral : \_\_\_\_\_

**看護人/ Caregiver #1:**

家長 (Parent) / 祖父母 (Grandparent) / 監護人 (Guardian) / 養父母 (Adoptive Parent) / 其他 (Other) \_\_\_\_\_

姓名 : \_\_\_\_\_ 此處是否是兒童的主要居住地? 是 / 否  
 (Name) (Is this the child's primary residence? Yes / No)

地址/Address : \_\_\_\_\_ 公寓號 /Apt #: \_\_\_\_\_ 郵編/Zip : \_\_\_\_\_

主要聯絡電話/Best Phone to call : \_\_\_\_\_ 勾選/ Check: 家庭(Home)/ 手機(Cell)/ 工作(Work)

其他電話/電郵/Email Address/Other Phone: \_\_\_\_\_ 勾選/ Check: 家庭(Home)/ 手機(Cell)/ 工作(Work)

您希望我們以哪一種方式聯繫您/ How do you preferred to be contacted? 電話(Phone)/ 電郵(Email)/ 沒有偏好(No Preference)

**看護人/ Caregiver #2:**

家長 (Parent) / 祖父母 (Grandparent) / 監護人 (Guardian) / 養父母 (Adoptive Parent) / 其他 (Other) \_\_\_\_\_

姓名 : \_\_\_\_\_ 此處是否是兒童的主要居住地? 是 / 否  
 (Name) (Is this the child's primary residence? Yes / No)

地址/Address : \_\_\_\_\_ 公寓號 /Apt #: \_\_\_\_\_ 郵編/Zip : \_\_\_\_\_

主要聯絡電話/Best Phone to call : \_\_\_\_\_ 勾選/ Check: 家庭(Home)/ 手機(Cell)/ 工作(Work)

其他電話/電郵/Email Address/Other Phone: \_\_\_\_\_ 勾選/ Check: 家庭(Home)/ 手機(Cell)/ 工作(Work)

您希望我們以哪一種方式聯繫您/ How do you preferred to be contacted? 電話(Phone)/ 電郵(Email)/ 沒有偏好(No Preference)

**家庭語言調查 / Home Language Survey**

成人在家裡最經常使用哪種語言？ \_\_\_\_\_

(What language do the adults use most frequently at home?)

您對您子女說話最經常使用哪種語言？ \_\_\_\_\_

(What language do you use most frequently to speak to your child?)

您子女首先學習的是哪種語言？ \_\_\_\_\_

(What language did your child first learn when s/he began to talk?)

您的子女在家裡最經常使用哪種語言？ \_\_\_\_\_

(What language does your child use more frequently at home?)

您選擇哪種語言作為三藩市聯合校區和家裡的主要通信語言？ \_\_\_\_\_

(What is your preferred language for written communication between home and SFUSD?)

您選擇哪種語言作為三藩市聯合校區和家裡的主要口語溝通語言？ \_\_\_\_\_

(What is your preferred language for verbal communication between home and SFUSD?)

**家庭成員 / Members of Household**

姓名/ Name	與子女關係/ Relationship to Child	年齡/ Age	職業/Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**幼稚園學前班/學前班/托兒所資訊/Prekindergarten/Preschool/Childcare Information:**

請問您的孩子是否正在就讀學校、托兒所或定期與其他孩子參與集體活動（如：學前幼兒遊戲組、體育課等/ Does your child attend a school, childcare facility, or any other regularly scheduled group activity with other children (e.g. play group, gym class, etc.)?  是, 請在下方說明 / Yes, please specify below  否 / No

學校/計劃名稱/School/Program Name: \_\_\_\_\_ 開始日期/Start Date: \_\_\_\_\_

地址/ Address : \_\_\_\_\_ 教師/ Teacher : \_\_\_\_\_

電話號碼/ Telephone Number : \_\_\_\_\_ 天數/時間/ Days/Time : \_\_\_\_\_

之前的學校/托兒服務（參見表格末尾的補充區） \_\_\_\_\_

Previous Schools/Childcare (See end of form for additional space)

**出生/分娩資訊/ Birth/Delivery Information:**

妊娠期/ Length of Pregnancy : \_\_\_\_\_ 出生體重/ Birth Weight : \_\_\_\_\_

妊娠期是否出現任何併發症/Any complications during pregnancy: ?  是, 請在下方說明/ Yes, please explain below  否/ No

分娩期是否出現任何併發症/ Any complications during delivery ?  是, 請在下方說明/ Yes, please explain below  否/ No

出生後是否有任何併發症/ Any complications after birth ?  是, 請在下方說明/ Yes, please explain below  否/ No

**發育階段里程碑/ Developmental Milestones:**

(請注明貴子女達到以下里程碑的年齡，或注明「還沒有」)

(Indicate the age at which your child achieved the following milestones, or indicate "Not Yet")

粗大動作/Gross Motor: 坐直/Sit Upright: \_\_\_\_\_ 爬/Crawl: \_\_\_\_\_ 獨立行走/Walk Independently: \_\_\_\_\_

精細動作/Fine Motor: 捏小物體/ Pinch Small Objects: \_\_\_\_\_ 自己吃飯/ Self-feed: \_\_\_\_\_ 拿瓶子/ Hold Bottle: \_\_\_\_\_

溝通/Communication 開始說話/ First Words: \_\_\_\_\_ 結合兩個或以上 (2+) 的字/ Combine two or more (2+) words: \_\_\_\_\_

如廁訓練/ Toilet Training: 白天/Day: \_\_\_\_\_ 晚上/Night: \_\_\_\_\_

**醫療/健康資訊/Medical/Health Information:**

是否有疾病史、事故史和/或住院史?  是, 請在下方說明/Yes, please explain below  否/No  
(Is there a history of illness, accidents, and/or hospitalizations?)

您的子女是否被診斷有障礙、延遲或特殊情況?  是, 請在下方說明/Yes, please explain below  否/No  
(Does your child have a diagnosed disorder, delay or special condition?)

您的子女最後一次體檢是什麼時候/ When was your child's last physical examination? \_\_\_\_\_

您的子女的家庭醫生是誰/ Who is your child's primary physician? \_\_\_\_\_

電話/ Telephone: \_\_\_\_\_ 地址/ Address: \_\_\_\_\_

您的子女是否通過了新生兒聽力篩查/ Did your child pass the Newborn Hearing Screening?  是/Yes  否/No

您的子女的耳朵曾經受感染嗎/Has your child experienced ear infections?  是- 多少次/Yes- How many? \_\_\_\_\_  否/No

請問曾如何治療耳朵感染/ How were the ear infections treated? \_\_\_\_\_

請問有放置鼓膜置管嗎/ Have PE Tube been placed?  有- 何時/Yes- When? \_\_\_\_\_  沒有/No

最近一次聽力篩查/測驗的日期和地點: \_\_\_\_\_  
(Date and location of most recent hearing screening/test.)

結果/ Results \_\_\_\_\_

最近一次視力篩查/測驗的日期和地點: \_\_\_\_\_  
(Date and location of most recent vision screening/test.)

結果/ Results \_\_\_\_\_

**\*孩子如在12個月以內接受過聽覺及/或視覺測試，請提供聽覺及視覺篩檢結果的書面證明。\***  
**(\*Please provide written verification of hearing and vision screenings results if your child's hearing and/or vision have been tested within the last 12 months.\*)**

**其他資訊/ Additional Information:**

您的子女是否有特殊飲食/食物限制條件?  是, 請在下方說明/ Yes, please explain below  否/ No  
(Does your child have a special diet or any food restrictions?)

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您的子女是否使用奶嘴或奶瓶? 您的子女是否曾吮吸拇指?  
(Did your child use a pacifier or bottle? Did your child suck his/her thumb?)  
 是, 請在下方說明/ Yes, please explain below (停止年齡/ Age stopped: \_\_\_\_\_)  否/ No

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您的子女是否有過敏/ Does your child have any allergies?  是, 請在下方說明/ Yes, please explain below  否/ No

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您的子女是否有哮喘/ Does your child have asthma?  是, 請在下方說明/ Yes, please explain below  否/ No

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您的子女是否經歷過任何頭部損傷?  是, 請在下方說明/ Yes, please explain below  否/ No  
(Has your child experienced any head injuries?)

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您的子女是否進行過任何基因檢測?  是, 請在下方說明/ Yes, please explain below  否/ No  
(Has your child undergone any genetic testing?)

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您的子女有否使用特別設備 (如: 助行器、輪椅、適應性座位、聲音輸出設備等)?  
(Does your child use any specialized equipment (e.g. walker, wheelchair, adaptive seating, voice output device, etc.)?)  
 有, 請在下方說明/ Yes, please explain below  沒有/ No

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請問有學習困難、發展遲緩或精神健康問題家庭成員或家族歷史嗎?  
(Is there a family history of or have any family members had learning difficulties, developmental delays or mental health concerns?)  
 有, 請在下方說明/ Yes, please explain below  沒有/ No

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其他資訊/ Other information (描述/ describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**您子女的情況/ Description of your child:**

**在嬰兒時期，我的子女/ As a baby my child was (勾選所有適用項/ Check all that apply):**

- |   |   |  |
|---|---|--|
| <input type="radio"/> 很活躍/Very Active       | <input type="radio"/> 很安靜/Very Quiet                            | <input type="radio"/> 難以安撫/Hard to comfort       |
| <input type="radio"/> 容易安撫/Easy to comfort  | <input type="radio"/> 腸絞痛/Had colic                             | <input type="radio"/> 難以餵食/餵奶/Hard to feed/nurse |
| <input type="radio"/> 害羞/Shy                | <input type="radio"/> 友好/Friendly                               | <input type="radio"/> 好相處/Easy going             |
| <input type="radio"/> 難以入眠/Trouble Sleeping | <input type="radio"/> 比大多數嬰兒更愛哭/<br>Cried more than most babies |  |

**在學步/學前時期，我的子女/ As a toddler/preschooler my child was/is (勾選所有適用項/ Check all that apply):**

- |   |  |
|---|--|
| <input type="radio"/> 很活躍/Very Active                                   | <input type="radio"/> 很安靜/Very quiet                 |
| <input type="radio"/> 愛哭/Cries a lot                                    | <input type="radio"/> 友好/Friendly                    |
| <input type="radio"/> 好相處/Easy going                                    | <input type="radio"/> 害羞/Shy                         |
| <input type="radio"/> 對其他孩子感興趣/Interested in other children             | <input type="radio"/> 難以入眠/Trouble sleeping          |
| <input type="radio"/> 看書上的圖畫/Looks at pictures in books                 | <input type="radio"/> 對玩具沒興趣/Not interested in toys  |
| <input type="radio"/> 對其他孩子/沒興趣/Not interested in other children/people | <input type="radio"/> 很容易學會說話/Learned to talk easily |
| <input type="radio"/> 很難學會說話/Learning to talk was/is difficult          |  |

**我的子女在以下方面有不尋常的困難/ My child shows unusual difficulty with (勾選所有適用項/ Check all that apply):**

- |   |   |  |
|---|---|--|
| <input type="radio"/> 表達觀點/想法/需求/<br>Expressing ideas/wants/needs     | <input type="radio"/> 學說話/Learning to talk      | <input type="radio"/> 扔/接球/Throwing/catching a ball                            |
| <input type="radio"/> 跳著走/單腳跳/Skipping/hopping                        | <input type="radio"/> 說話含糊不清/<br>Unclear speech | <input type="radio"/> 很容易因為噪聲而不安/Easily upset by noises                        |
| <input type="radio"/> 騎自行車/三輪車/Riding a bike/trike                    | <input type="radio"/> 遵照指示/Following directions | <input type="radio"/> 在自己的世界裡/Being in their own world                         |
| <input type="radio"/> 離開父母/Separating from parents                    | <input type="radio"/> 走路/Walking                | <input type="radio"/> 對個別玩具有興趣/Interested in particular toys                   |
| <input type="radio"/> 和同伴互動/Interacting with peers                    | <input type="radio"/> 撞擊頭部/Head banging         | <input type="radio"/> 重複的行為/Repetitive behaviors                               |
| <input type="radio"/> 會大發脾氣/Excessive temper tantrums                 | <input type="radio"/> 自己穿衣服/Dressing self       | <input type="radio"/> 很容易因為常規活動發生變化而不安/<br>Easily upset by changes in routines |
| <input type="radio"/> 抓緊鉛筆/蠟筆/馬克筆/<br>Grasping a pencil/crayon/marker | <input type="radio"/> 極度恐懼/Extreme fears        | <input type="radio"/> 不尋常的肢體動作/Unusual body movements                          |
| <input type="radio"/> 拍手/Hand flapping                                | <input type="radio"/> 自己吃飯/Self-feeding         |  |

其他觀察或詳情/ Other observations or details: (描述/ describe) \_\_\_\_\_

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我子女的強項/ My child's strengths : \_\_\_\_\_

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我子女的興趣/最喜歡的玩具/活動/ My child's interests/favorite toys/activities : \_\_\_\_\_

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**您子女的情況（續） / Description of your child (continued):**

您的子女會進行喜歡的活動並且持續多長時間/在喜歡的活動上保持多長時間的注意力/ How long does your child stay with/pay attention to an activity?

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關於我子女的一些讓我擔憂的事情/ Things that concern me about my child: \_\_\_\_\_

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您的子女以往曾接受評估嗎/ Has your child ever been evaluated before?

評估類型/ Evaluation Type      評估員的名字/機構/Name of Evaluator/Agency      評估/報告日期/ Evaluation/Report Date

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您的子女是否有接受/接受了任何治療/介入服務（OT [職能治療]、PT [物理治療]、SLP [言語和語言治療]、ABA [應用行為分析]、行為方面的[服務]、其他[服務]）？

Does/did your child receive any therapy/intervention services (OT, PT, SLP, ABA, Behavioral, etc.)?

治療/介入服務類型/ Type of Therapy/Intervention      提供者/ Provider      服務日期/ Dates of Service

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**\*請提供您子女當前治療服務的評估和進展報告的副本和任何以前評估的副本\***

**\*Please provide copies of evaluations and progress reports for your child's current therapy services and any previous evaluations\***

您是否有任何關於您子女的其他事情想告訴我們/Is there anything else you'd like us to know about your child? \_\_\_\_\_

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**同意透露保密資訊 (CONSENT TO RELEASE CONFIDENTIAL INFORMATION)**

本人特此授權交流關於以下內容的資訊 (I hereby authorize the exchange of information regarding):

兒童姓名/ Child's Name : \_\_\_\_\_ 出生日期/ DOB : \_\_\_\_\_

本人，\_\_\_\_\_ (以正楷體填寫姓名) 同意以下具名的提供者向三藩市聯合校區分享關於本人子女的相關資訊 (I, \_\_\_\_\_ (print your name) give permission to providers checked off below to share pertinent information regarding my child with the San Francisco Unified School District):

(請於所有合適的機構打勾 ，或填寫所有合適的機構) (Indicate  or fill-in any and all appropriate agencies)

Golden Gate Regional Center  
875 Stevenson St. 6<sup>th</sup> Floor  
San Francisco, CA 94103

California Children Services  
30 Van Ness Ave. Ste. 210  
San Francisco, CA 94102

CA Pacific Medical Center  
3700 California Street  
San Francisco, CA 94118  
415-750-6200

SF Dept. of Human Services  
PO Box 7988  
San Francisco, CA 94103

Chinatown Child Dev. Ctr.  
720 Sacramento Street  
San Francisco, CA 94108

Kaiser Permanente  
350 St. Joseph Street  
San Francisco, CA  
Fax: 415-883-3071

SF Easter Seal Society  
95 Hawthorne  
San Francisco, CA 94105

Infant Parent Program  
SFGH Bldg. 9  
2550 23<sup>rd</sup> Street, RM 130  
San Francisco, CA 94110

SF General Hospital  
1001 Potrero Ave.  
San Francisco, CA 94110

SF Hearing & Speech Ctr.  
1234 Divisadero Street  
San Francisco, CA 94115

Family Development Ctr.  
2730 Bryant Street  
San Francisco, CA 94110

St. Luke's Hospital  
3555 Cesar Chavez  
San Francisco, CA 94110

Support for Families  
2601 Mission Street, Ste. 606  
San Francisco, CA 94110

UCSF Hospital  
400 Parnassus Ave. RM A67  
San Francisco, CA 94143

Multidisciplinary Assessment Center (MDAC)  
SF General Hospital  
1001 Potrero Ave.  
San Francisco, CA 94110

托兒所/學校校長/教師  
姓名：\_\_\_\_\_  
地址：\_\_\_\_\_  
城市/郵編：\_\_\_\_\_  
電話：\_\_\_\_\_

Children's Council of SF  
445 Church Street  
San Francisco, CA 94114

其他  
名：\_\_\_\_\_  
地址：\_\_\_\_\_  
城市/郵編：\_\_\_\_\_  
電話：\_\_\_\_\_

醫師  
姓名：\_\_\_\_\_  
地址：\_\_\_\_\_  
城市/郵編：\_\_\_\_\_  
電話：\_\_\_\_\_

其他  
名：\_\_\_\_\_  
地址：\_\_\_\_\_  
城市/郵編：\_\_\_\_\_  
電話：\_\_\_\_\_

該授權隨時可以以書面形式於上述地址提出撤銷申請。(This authorization may be revoked at any time upon presentation of written request to the address above.)

簽名/ Signature : \_\_\_\_\_

日期/ Date : \_\_\_\_\_



**教師/看護人意見表 / Teacher/Care Provider Input Form**

\*由教師 / 托兒人員填寫 / TO BE COMPLETED BY TEACHER / CHILD CARE PROVIDER\*

孩子名字/Name of Child: \_\_\_\_\_ 出生日期/Date of Birth: \_\_\_\_\_

學校/中心名字/School/Center Name: \_\_\_\_\_

計劃類型/Program Type: \_\_\_\_\_

(如：幼兒中心、蒙特梭利幼兒教學法、遊戲為主的幼兒園、學前班等/e.g. Child Care Center, Montessori, Play-Based Preschool, Pre-Kindergarten, etc.)

教授時使用的語言 / Language(s) used during instruction: \_\_\_\_\_

表格填寫人的名字/Name of person completing this form: \_\_\_\_\_ 日期/Date: \_\_\_\_\_

班中的孩子人數/Number of children in class: \_\_\_\_\_ 班中成人與孩子的比例/Adult-to-child ration in class: \_\_\_\_\_ / \_\_\_\_\_  
(成人 / Adults) / (孩子 / Children)

請問您與孩子共事多久 / How long have you worked with this child? \_\_\_\_\_

請提供孩子在以下發育領域中的強項和挑戰（如適用）的資訊。

**Please provide information on the child's strengths and challenges (if any) with regard to the following developmental domains.**

學習前/學習/Pre-Academics/Academics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

課堂行為/參與/Classroom Behavior/Participation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

溝通 / Communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

教師/看護人意見表 (續)  
**Teacher/Care Provider Input Form (Continued)**

日常生活技巧/Daily Living Skills: \_\_\_\_\_

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精細和粗大動作/ Fine & Gross Motor: \_\_\_\_\_

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社交/情緒/ Social/Emotional: \_\_\_\_\_

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補充/ Additional Comments: \_\_\_\_\_

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感謝您幫助我們進一步瞭解您的學生。  
Thank you for helping us better understand your student.