

Learning Together Application Form

(Please put a ✓ in the appropriate)

SWD CSSA No.: _____ Expiry Date: _____

Low income families (case has been approved by our social worker)

Other special needs

(please specify : _____)

Name of Child : _____ Membership no. : _____

Age : _____ Sex : F/ M

Ethnic origin : India / Pakistan / Nepal / Others: _____

Language proficiency: (English) Oral Listening Written

(Chinese) Oral Listening Written

Others language proficiency

(please specify: _____)

School name : _____ Class (Year 20__-20__) : _____

Name of contact parent : (Father/ Mother) _____

Tel. no. of contact parent : (Mobile) _____ (Home) _____

Address: _____

Special Learning Need : (If appropriate, **please attach** with assessment report soft copy)_



I would like to apply for the following group (Please use “1”, “2”, “3” to indicate your preference)

5 days group 3 days group A (Mon, Wed & Fri)

3 days group B (Tue, Thu & Sat)

I understand that the personal data provided will be used for the implementation of the activities, and be protected by Personal Data (Privacy) Ordinance.

Signature of parent : _____ Date : _____

-----For staff only-----

Attached : 1) A copy of the latest school academic report

2) Parent survey (on the back page)

The financial status of family has been checked.

Signature of Staff : _____ Received Date : _____

Learning Together Parent Survey (Pre)

The aim of this survey is to help us to understand your parenting skills and the learning needs of your child. There is no absolute right or wrong answer, so please feel free to mark a 「✓」 in the appropriate box according to your usual practice or feeling.

Name of parent: _____ Relationship with the child: Mother / Father

Name of child: _____ Date: _____

1. I feel helpless in assisting the homework of the child.	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> never
2. I would like to learn more parenting skills.	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> never
3. I develop good parent-child relationship with my child.	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> never
4. I think my child takes too much time to complete the homework.	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> never
5. I think my child is not attentive enough in doing homework.	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> never
6. I think my child is lack of interest in learning.	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> never
7. I think my child is serious in learning.	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> never
8. I feel satisfy with the academic result of my child.	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> never
9. I assist my child to have revision at home.	<input type="checkbox"/> often ____ hour(s) daily	<input type="checkbox"/> sometimes	<input type="checkbox"/> never
10. I arrange extra-curricular activities for my child.	<input type="checkbox"/> often	<input type="checkbox"/> sometimes	<input type="checkbox"/> never
11. I have used other tutorial service before.	<input type="checkbox"/> yes, for ____ year(s) ____ month(s)		<input type="checkbox"/> never
12. I expect my child will have significant improvement after attending the tutorial classes for two to three months.	<input type="checkbox"/> agree	<input type="checkbox"/> disagree	<input type="checkbox"/> no comment
13. The reason why I chose HKSPC is: <input type="checkbox"/> affordable charge <input type="checkbox"/> good service rationale <input type="checkbox"/> try different kind of services <input type="checkbox"/> no other choice <input type="checkbox"/> other reason (please specify: _____)			
14. My main parenting difficulty is: <input type="checkbox"/> the homework is so difficult that I am not able to teach my child <input type="checkbox"/> I have no time due to long working hours <input type="checkbox"/> my child refuses to follow my instructions <input type="checkbox"/> my child has special educational needs <input type="checkbox"/> other difficulties (please specify: _____)			

Thank you very much