

107

- :(06)9266018 (06)9270921

: 33 ( B1 )

報名序號：\_\_\_\_\_\_\_

澎湖縣 年身心障礙學生生活照顧服務暑假專班報名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 學生姓名 | | | | | | | |  | | | | | 出生日期 | | | | 年 月 日 | | | | | | | | | | | | | | | |
| 就讀學校 | | | | | | | |  | | | | | 就讀班級 | | | | 年 班 | | | | | | | | | | | | | | | |
| 身分證字號 | | | | | | | |  | | | | | 連絡電話 | | | | 住家： | | | | | | | | | | | | | | | |
| 父親： | | | | | | | | | | | | | | | |
| 母親： | | | | | | | | | | | | | | | |
| 學生身心障礙 | | | | | | | |  | | | | | 障礙等級 | | | | 極重度 重度 | | | | | | | | | | | | | | | |
| 類別 | | | | | | | | 中度 輕度 | | | | | | | | | | | | | | | |
| 戶藉地址 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 通訊地址 | | | | | | | | 同戶籍地址 | | | | | | | | | | | | | | | | | | | | | | | | |
| 另列如後： | | | | | | | | | | | | | | | | | | | | | | | | |
| **家長同意書** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 茲同意本人子女 | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | 參加 貴中心 | | 107 | 年暑假專班 | | | **(107/7/2** | | | | | 起 | | **~107/8/29** | | | | 止 | | **)** | ， |
| 並願意配合專班規範事項，以免因個人情形、或未詳實告知健康特殊狀況等因素，而導 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 致不必要的意外事件。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※ | | 專班規範事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | 本中心目前尚未能提供交通車接送服務，學生請於規定時間 | | | | | | | | | | | | | | | | | | | ( | 每日 | | | **17:45**) | | 前接回， | | | | | | |
| 逾時 | | | | | | 15 | 分鐘以上達三次者，本中心即暫停服務。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | 參加本服務之學生家長，須確實填寫『學生生活照顧注意事項表』以提供本中心服務 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 參考。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | 參加本服務之學生中途退出，須敘明理由由其家長提出書面申請。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | 本中心場地依規定投保第三人公共意外責任險。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家長 | | | | | | | | | | / | 監護人簽名： | | | | | | | | | | | | | | | | | | | | | |
| 身分證號： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日 期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭狀況 | | | | | | | | | | | | | | | | | | | | | | 積點核算 | | | | | ( | 本欄由 | | | | |
| （請家長勾選） | | | | | | | | | | | | | | | | | | | | | | 工作人員填寫 | | | | | | | | ) | | |
| □ | | 1. | | 經濟狀況 □低收入戶 □中低收入戶 □領有身障補助者 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| □ | | 2. | | | 在學身心障礙人口數 □1人 □2人 □3人 □其他 | | | | | | | | | | | \_\_\_\_ | | | 人 | | |  | | | | | | | | | | |
| □ | | 3. | | | 家庭結構 □單親家庭者 □隔代教養者 □特殊境遇家庭 | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| □ | | 4. | | | 障礙程度 □極重度 □重度□中度 □輕度□發緩證明 | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| □ | | 5. | | | 其他特殊需求者。 | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | 積點合計： | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | 錄取：□是 □否 | | | | | | | | | | |

＊報名表請傳真或紙本遞送本中心 呂安琪社工＊電話 傳真

＊中心地址 澎湖縣馬公市同和路 樓 身心障礙者福利服務中心 右側



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| **107** | **年身心障礙學生生活照顧服務暑假專班學生照顧注意事項表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 學生姓名 | |  | | | | | | | | | | | | | | | | | | 出生年月日 | | | 年 月 日 | | | | | | | | | | | | | | | |
| 學生身心障礙 | |  | | | | | | | | | | | | | | | | | | 障礙等級 | | | 極重度 重度 | | | | | | | | | | | | | | | |
| 類別 | | 中度 輕度 | | | | | | | | | | | | | | | |
| 緊急聯絡人 | | 第一位姓名： 關係： 電話： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第二位姓名： 關係： 電話： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身理功能 | | ( | 孩子肢體活動有困難嗎 | | | | | | | | | ? | 孩子聽覺、視覺、觸覺等感官能力如何 | | | | | | | | | | | | | | | | | | | | | ? | 有使 | | | |
| 用那些輔具嗎 | | | | | | | ? | 用餐或如廁時需要哪些協助 | | | | | | | | | | | | | | ? | | 其他…… | | | | ) | | | | | | | | |
| 生活自理 | |
| 社會互動 | | ( | 孩子都如何表達自己的需要 | | | | | | | | | | | | | | ? | | 口語表達情形 | | | | | | ? | | | 與他人互動顯得容易嗎 | | | | | | | | ? | | 高 |
| 興或不開心的時候怎麼表現 | | | | | | | | | | | | | | ? | | 專注程度如何 | | | | | | ? | | 堅持程度如何 | | | | | | ? | 其他…… | | | | ) | |
| 情緒反應 | |
| 用藥情形 | | ( | 孩子有固定服藥的需要嗎 | | | | | | | | | | | ? | 給藥的時間、劑量、用藥方式 | | | | | | | | | | | | | | | | ?) | | | | | | | |
| 特別注意事項 | | ( | 孩子有哪些特殊情況需要本專班人員注意 | | | | | | | | | | | | | | | | | | | | | | | | ? | | 或是孩子有特別的偏好或 | | | | | | | | | |
| 厭惡 | | | | ? | 其他…… | | | | ) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家長期待 | | ( | 為什麼願意期待接受本專班服務 | | | | | | | | | | | | | | | | | | ? | 或希望本專班能為孩子服務那些事 | | | | | | | | | | | | | | | | |
| 項 | | ? | 其他…… | | | ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家長或監護人簽名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |