**南投縣特殊教育相關專業人員服務申復書**

1. 學校基本資料　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　提出日期：　　年　　月　　日

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| 學校名稱 |  | 核定學年 | \_\_\_\_\_\_\_\_\_\_學年度第\_\_\_\_\_\_學期 |
| 聯絡人 |  | 連絡電話 |  |

1. 提出申覆學生名冊

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| NO. | 學生姓名 | 新學期班級 | 鑑輔會鑑定類別 | 審查結果時數 | 申復專業類別(括弧內填申復原因) | 請描述該生主要問題及現況 | 請貴校提出特殊教育相關專業人員建議內容實際轉化至教學輔導的具體實施情形 |
| 年級 |
| 01 |  |  |  | 口物理(\_\_)口職能(\_\_)口語言(\_\_)口心理(\_\_)口聽力(\_\_) | 口物理(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口職能(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口語言(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口心理(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口聽力(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |
| 02 |  |  |  | 口物理(\_\_)口職能(\_\_)口語言(\_\_)口心理(\_\_)口聽力(\_\_) | 口物理(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口職能(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口語言(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口心理(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口聽力(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |
| 03 |  |  |  | 口物理(\_\_)口職能(\_\_)口語言(\_\_)口心理(\_\_)口聽力(\_\_) | 口物理(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口職能(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口語言(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口心理(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)口聽力(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |
| 申復送件應附資料自行檢核：口申復名冊(核章)口申復佐證資料口與申請需求相關之行為功能介入方案(情緒行為問題嚴重之申請個案必附) |
| 承辦人員 |  | 主任 |  | 校長 |  |