

Application for Special Education Student Identification in Higher Education Institutions

※ Before completing this form, please carefully review the instructions on pages 4-5.

Approved during the 111-2 Identification Explanation Meeting (Divisional Convener) on February 2, 2023

【For Authorized School Personnel Only】			
Reporting Institution			
Reporting Division	_____ Division of Committee Responsible for Identification and Placement of Gifted and Disabled Students		
Application Date (yyyy/mm/dd)	_____/_____/_____		
I. Applicant's Personal Information			
Full Name			
Identification No. <i>(Select one that applies)</i>	<input type="checkbox"/> Taiwan ID No.		
	<input type="checkbox"/> Uniform ID No.		
	<input type="checkbox"/> Passport No.		
Sex <i>(Select one that applies)</i>	<input type="checkbox"/> Male	Date of Birth (yyyy/mm/dd)	_____/_____/_____
	<input type="checkbox"/> Female	Contact Phone No. (w/ area code)	Home
	<input type="checkbox"/> X (Other)		Mobile
Parent/Guardian's Name			
Relationship with the Applicant			
Residence Address: Address Line: <i>(Complete all that applies)</i> _____ City: _____ County: _____ State/Province/Region: _____ Country: _____ Postal Code/ZIP Code: _____	Current Address: (Select one that applies) <input type="checkbox"/> Same as Residence Address <input type="checkbox"/> Alternative Address Address Line: <i>(Complete all that applies)</i> _____ City: _____ County: _____ State/Province/Region: _____ Country: _____ Postal Code/ZIP Code: _____		
II. Current Educational Status (Educational Program)			
Major		Year Level	

III. Current Proof of Physical and Mental Disabilities <i>(Please provide accurate information; multiple selections are allowed)</i>			
<input type="checkbox"/> Holds a disability certificate and/or ID card			
Disability Category		ICD Diagnosis	
Validity End Date (yyyy/mm/dd)	_____ / ____ / ____		
Multiple Disabilities Categories			
Disability Level <i>(Select one that applies)</i>	<input type="checkbox"/> Mild		<input type="checkbox"/> Moderate
	<input type="checkbox"/> Severe		<input type="checkbox"/> Profound
Assessment Date (yyyy/mm/dd)	_____ / ____ / ____		
Reassessment Date (yyyy/mm/dd)	_____ / ____ / ____		
<input type="checkbox"/> Holds a certificate issued by the Committee Responsible for Identification and Placement of Gifted and Disabled Students			
Special Education Qualification Category			
Multiple Disabilities Categories			
Approval Date (yyyy/mm/dd)	_____ / ____ / ____	Approval Document No.	
Validity End Date or Validatable Stage	_____ / ____ / ____		
<input type="checkbox"/> Holds a diagnosis certificate from a designated hospital for the Ministry of Health and Welfare's disability identification			
Hospital Name			
Certificate Issuing Department			
Certificate Issuance Date (yyyy/mm/dd)	_____ / ____ / ____		
Diagnosis Content and Doctor's Instructions			
<input type="checkbox"/> Holds IC Cards for Severe Illness			
Severe Illness Name			
Effective Start/End Date (yyyy/mm/dd - yyyy/mm/dd)	_____ / ____ / ____ - _____ / ____ / ____		
<input type="checkbox"/> No assessment has been conducted			

IV. Application for Special Education Qualification Category

(For new applicants, this section must be filled out by authorized school personnel)

<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Language Impairment
<input type="checkbox"/> Fragile Health	<input type="checkbox"/> Emotional and Behavioral Disorders	<input type="checkbox"/> Learning Disabilities
<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Disabilities: (Specify: _____, _____)	<input type="checkbox"/> Other: _____ _____

Declaration of Consent by the Applicant/Legal Representative or Guardian

Having received comprehensive information from the school regarding the purpose, objectives, associated rights, and responsibilities concerning this assessment, and having conscientiously reviewed the following guidelines and completed all sections of this application, I, the undersigned, hereby provide my consent for the release of personal information in this application. I also confirm my willingness to participate in the assessments conducted by the Committee Responsible for Identification and Placement of Gifted and Disabled Students under the Ministry of Education (hereinafter referred to as the 'Committee').

Applicant's Signature: _____

Signature of Parent or Legal Guardian for Applicants under 18: _____

Date (yyyy/mm/dd): ____/____/____

※The school has verified the accuracy of personal information (such as ID number, name, date of birth, etc.) and has provided a comprehensive explanation of the purpose, particulars, and justification for collecting personal information to the applicant.

Signature of Authorized Personnel: _____

Supervisor (Seal): _____

※**Application Instructions:** *(Please carefully review the following information)*

I. Declaration of Personal Information:

In accordance with the Personal Data Protection Act and to safeguard your personal information, we will collect, process, and utilize your personal data directly or indirectly, strictly for the purposes outlined below:

(a) Purpose of Collection:

To conduct assessments of special education students as mandated by Articles 3, 6, and 16 of the Special Education Act, we require your personal data to facilitate professional team evaluations of your special education needs, retain evaluation results on the Ministry of Education's Special Education Transmit Net, enable appropriate communication with your school, finalize support service plans, provide assistance services, and fulfill the various obligations specified in the Special Education Act.

(b) Categories of Personal Information:

To carry out assessments of special education students as stipulated in Article 6 of the Special Education Act, we must obtain your personal information, which encompasses your name, contact details, email address, residence address, disability certificate and/or ID card, medical diagnosis certificate from a hospital, summary of medical records, and so forth.

II. Clarification:

Current Evidence of Relevant Documentation for Physical and Mental Disabilities:

(Applicant Has Obtained Relevant Qualification Documents Related to Disabilities)

(a) Disability Certificate and/or ID Card:

If you possess a disability certificate and/or ID card issued by the Ministry of Health and Welfare under the Disability Rights Protection Act, please provide the relevant details. If the disability certificate and/or ID card does not indicate a reassessment date, please indicate "N/A" in the designated area.

(b) Certificate from the Committee Responsible for Identification and Placement of Gifted and Disabled Students:

If you have received a certificate issued by the Committee Responsible for Identification and Placement of Gifted and Disabled Students in various counties and cities for Special Education Students, please specify the complete date of issuance and the reference number on the certificate.

(c) Certificate of Diagnosis from a Designated Hospital

If you possess a diagnosis certificate from a designated hospital for the Ministry of Health and Welfare's disability identification, please ensure that the certificate's issue date falls within the six months preceding the date of assessment initiation.

(d) Evidence of Physical and Mental Disabilities:

This refers to documentation relevant to your disability, used in the special education assessment process. It provides insights into factors that may affect your learning, as assessed in the comprehensive evaluation report. Assessment results should align with the comprehensive report.

※**Application Instructions (continued):** *(Please carefully review the following information)*

III. Documentation Alignment:

The student's Basic Information, Current Educational Status, Current Evidence of Physical and Mental Disabilities, and Records of Placements Determined by the Committee Responsible for Identification and Placement of Gifted and Disabled Students should align with the Education Needs Assessment Form.

IV. Consent Confirmation:

The section regarding the declaration of consent signifies your intentions after receiving an explanation from the school. Please complete it truthfully and affix your signature or seal to confirm your intentions. Applications without a signature or seal will not be accepted.

(a) If you are under 18 years of age, your legal representative or guardian should provide their signature or seal to confirm your intentions.

(b) If you are an adult with limited capacity or have been legally declared incapacitated and have a guardian or an auxiliary decree, the appointed guardian should provide their signature or seal to confirm your intentions. Applications without a signature or seal will not be accepted.

V. Administrative Purposes:

The disability category established via this application will form the foundation for associated administrative processes, consistent with the categories delineated in Article 3 of the Special Education Act.

VI. Identification Card for Special Education Students:

(a) Upon approval, the Ministry of Education will issue a certificate through the Committee Responsible for Identification and Placement of Gifted and Disabled Students. Your school will contact you to collect the certificate with your signature. The certificate is essential for subsequent administrative procedures and support services, so please keep it secure.

(b) If you decide to forgo special education support services after receiving the certificate, please contact the Resource Center at your school to initiate the withdrawal procedure. Following withdrawal, your school will no longer actively use the personal information listed above. If you find that you require special education services in the future, please adhere to the regulations specified in Articles 3 and 16 of the Special Education Act and submit a new assessment for the Special Education Student Identification to the Committee Responsible for Identification and Placement of Gifted and Disabled Students under the Ministry of Education.