**基隆市104學年度第2學期學生鑑定資料表(視覺障礙)**

**□第一次提報□再鑑定□轉銜階段□移除特教身份**

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| 報名表編號 | **－** | 學生姓名 |  |
| 身分證字號 |  | 學生年級 |  |

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| **請具下列文件之一(可複選)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □有效期限之身心障礙手冊(證明) | | | | | 身心障礙手冊： 視覺障礙，障礙等級：□輕度 □中度 □重度 □極重度  身心障礙證明： 障礙代碼：  ICD診斷：  身心障礙手冊／證明  反面  身心障礙手冊／證明  正面 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □醫療診斷證明 | | | | | 醫療診斷  證明 | | | (具備以下任一項證明)  □檢附 教學醫院等級醫院專科醫師開具的半年內醫療診斷證明(附六個月內是利  檢查圖)  □檢附 有效期內聯合評估報告記載視力值及視野服和左列基準 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診斷結果 | | | □視覺障礙 □其他:  □非特教生 | | | | | | | | | | | | | | | | | | 醫療院所 | | | | | | |  | | | | | | | | | | | |
| 診斷時間 | | | | | | | 年 月 日 | | | | | | | | | | | |
| 建議及  處方 | | | 建議: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 醫師是否建議用藥：□否 □是（藥名：\_\_\_\_\_\_\_\_\_\_\_\_\_、劑量：\_\_\_\_\_\_\_\_\_\_\_\_\_）  目前學生服藥情形：□否 □是(□持續服藥中□斷斷續續，原因：\_\_\_\_\_\_\_\_\_\_\_\_） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **相關資料收集** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □**晤談評估表** | | | | | | | | **(第一次提報必填，請將附件附於鑑定資料表內)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 功能性視覺評估記錄表(附件一) | | | | 視力值  (三個月內) | | | | 矯正前視力值 | | | | | | | | | | | | | | | 矯正後視力值 | | | | | | | | | | | | | | | | | | 備註 | | | |
| 左眼 | | | | | | |  | | | | | | | | 左眼 | | | | | | |  | | | | | | | | | | |  | | | |
| 右眼 | | | | | | |  | | | | | | | | 右眼 | | | | | | |  | | | | | | | | | | |
| 視覺評估 | | | | 評估  類別 | | | | | | 評估內容 | | | | 觀察評估記錄 | | | | | | | | | | | | | | | | | | | | | | | 備註 | | | |
| 視野 | | | | | | 視野範圍 | | | | 左上 cm / 約 度  右上 cm / 約 度  左下 cm / 約 度  右下 cm / 約 度  左 cm / 約 度  右 cm / 約 度  前 cm / 約 度   * + □正常□狹小□破碎 | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 阿姆斯勒  方格表 | | | | □正常□狹小□破碎 | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 其他視覺問題 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 特殊教育需求  評估結果摘要 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 評估結果  其他專業人員 | | | | 其他專業人員評估結果 □無 □有 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 評估結果  及建議 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 評估者／職稱 | | | |  | | | | | | | | | | | | | | | | | | | | 評估時間 | | | | | | | |  | | | | | | | | |
| 其他依個案需求  之測驗結果說明 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **智能評估(評估個案的智能是否有顯著困難)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 目前學業成就 | 最近的  三次成績 | | | | | | | 第 次成績考察 | | | | | | | | | | | | 第 次成績考察 | | | | | | | | | | | | | | 第 次成績考察 | | | | | | | | | | |
| 成績  科目 | | | | | | | 分數 | | | 名次 | | | | | 全班  總人數 | | | | 分數 | | | | 名次 | | | | | | 全班  總人數 | | | | 分數 | | | | 名次 | | | | | 全班  總人數 | |
| 國語 | | | | | | |  | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | | |  | |
| 數學 | | | | | | |  | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | | |  | |
| 社會 | | | | | | |  | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | | |  | |
| 自然 | | | | | | |  | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | | |  | |
| 英語 | | | | | | |  | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | | |  | |
| 備註: (考卷是否經過資源班調整、請填寫最接近的三次成績) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 魏氏兒童智力量表第四版 施測者：【 】施測日期：【 】  (必填或填寫兩年內的施測資料，如無法施測請在以下說明原因) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分測驗  分數 | | | | | | 全量表  智商  FSIQ | | | 語文理解 | | | | | | | | | | | | 知覺推理 | | | | | | | | | | | 工作記憶 | | | | | | | 處理速度 | | | | | |
| 類同 | | | 詞彙 | | | | | 理解 | | 常識 | | 圖形設計 | | | | 圖畫概念 | | 矩陣推理 | | | | 圖畫補充 | 記憶廣度 | | | 數字序列 | | 算術 | | 符號替代 | | | 符號尋找 | | 刪除動物 |
|  | | |  | | | | |  | |  | |  | | | |  | |  | | | |  |  | | |  | |  | |  | | |  | |  |
| 量表分數總分 | | | | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |
| 組合分數 | | | | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |
| 百分等級 | | | | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |
| （95％）信賴區間 | | | | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |
| ※受試者或測驗情境之特殊狀況：（施測教師在施測過程中需觀察學生的反應與表現並詳細記錄）  □無  □有：(□社會/溝通問題□行為與興趣問題)，請詳述： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※說明無法施測魏氏兒童智力量表第四版原因： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TONI  III | | | | | | 原始分數 | | | | | | | | | | | 智商 | | | | | | | | | | | | 百分等級 | | | | | | | | | | | 施測者  與日期 | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | |
| 之測驗結果說明  其他依個案需求 | | | | | | （請自行填寫） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **心評教師初判結果(必填)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 綜合分析 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初判 | | | □確認視覺障礙 □疑似視覺障礙 □非特教生 □其他\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 安置建議 | | | 家長安置意願 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 國小 | | | | □集中式特教班 □不分類資源班  □巡迴輔導：□視覺障礙巡迴輔導 □在家教育巡迴輔導  □不分類巡迴輔導 （□情緒行為障礙巡迴輔導 □自閉症巡迴輔導）  □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 國中 | | | | □集中式特教班 □不分類資源班  □巡迴輔導：□視覺障礙巡迴輔導 □在家教育巡迴輔導  □不分類巡迴輔導 （□情緒行為障礙巡迴輔導 □自閉症巡迴輔導）  □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特殊需求 | | | 酌減班級人數 | | | | | | | □是，原因:  □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特殊需求課程 | | | | | | | □生活管理 □社會技巧 □學習策略 □定向行動 □點字 □溝通訓練  □動作機能訓練 □輔助科技應用 □其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 課程調整 | | | | | | | □簡化 □減量 □分解 □替代 □其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 助理人員 | | | | | | | □協助行動 □協助生活自理 □協助處理嚴重行為問題 □其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 專業團隊需求 | | | | | | | □無此項需求  □有此需求：(參考學校功能篩檢表或專業人員評估報告或聯合評估報告)  □物理 □職能 □語言 □心理 □專業團隊評估  □聽力評估 □職業輔導 □定向行動 □社工人員介入  □其他：\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勾選以上服務，請說明需治療師服務的原因：  ：  ：  ： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 輔具 | | | | | | | □無此項需求  □有此需求：  □助聽器材 □大字書 □點字書 □擴視機 □放大鏡  □點字機 □輪椅 □輔具評估 □語音報讀光碟播放器 □其他：\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 無障礙環境 | | | | | | | □無此項需求  □有此需求：  □特殊桌椅 □廁所 □電梯 □斜坡道 □樓梯扶手 □教室位置調整  □教室座位安排 □其他：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特殊需求 | | | 考場服務 | | | | | | | □現場報讀 □電腦作答 □延長考試時間 □延長作答時間20分鐘  □座位安排 □教室位置 □提早5分鐘入場 □語音報讀  □安排在一樓或設有電梯之試場應試 □情緒行為障礙者視情況安排特殊試場  □安排接近音源的座位 □免考英聽試場（限聽覺障礙考生申請）  □其他: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 無障礙考試  評量服務 | | | | | | | 有需要者請參考附件一做補充: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家長或監護人簽名 | | | 稱謂 | | | | | | | | | | 姓名 | | | | | | | | | 連絡電話 | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | (住宅)  (公司)  (手機) | | | | | | | | | | | | | | | | | | | | | | |
| **★我已閱讀，並且理解本項資料。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |