

建議為有自閉症譜系障礙的考生提供延長作答時間的佐證  
Supporting information to recommend Extra Time Allowance (ETA) for  
candidates with Autism Spectrum Disorder (ASD)

學校  
School: \_\_\_\_\_

考生姓名  
Name of Candidate: \_\_\_\_\_

身分證明文件號碼  
Identification Document No.: \_\_\_\_\_

注意事項：

- (1) 教育／臨床心理學家請根據附件 8（甲部）由學校所填寫的「作答表現」部分第二項的相關項目及所收集的資料，填寫下表，以說明考生出現因自閉症譜系障礙功能缺損所引致的一項或以上困難，而有關困難令學生需要延長作答時間。
- (2) 專業人員應綜合多方面的資料以作有效及可信的佐證，如使用有常模參照的測量方法時，評估工具應獲專業普遍認可為合適。請清楚說明標準測驗結果與延長作答時間需要的佐證相互的關聯。

Notes:

- (1) With reference to item 2 of Annex 8 (Part A) in “Performance in Test Taking” completed by the school and the information collected, educational/clinical psychologists are requested to fill out the following table to illustrate at least one or more difficulties manifested by the candidate due to functional impairment(s) and the resulting needs for ETA.
- (2) Practitioners are advised to incorporate multiple sources of information to provide valid and reliable empirical evidence. When using norm-referenced measures, the assessment tools should be generally recognised as appropriate by professional standards. Linkages between standardised assessment findings and the needs for ETA should be clearly elaborated.

第一部分：功能缺損及佐證

Part 1: Functional impairment and supporting information

反映有需要延長作答時間的 功能缺損 Functional impairment(s) suggesting ETA needs	佐證 Supporting information
<input type="checkbox"/> 做事欠缺彈性，過份執著小節或有固執的工作習慣，因而影響工作速度 Impeded working speed due to rigidity and obstinacy on workflows or obsession with details	
<input type="checkbox"/> 容易受環境影響分心或過度沉浸於無關的思緒／事物／自我刺激的行為而影響工作速度 Impeded working speed due to weaknesses in attention control or excessive obsession with thoughts, objects or self-stimulation	
<input type="checkbox"/> 思考欠流暢或處理文字／語言訊息較慢，因而影響工作速度 Lack of fluency in thinking or slowness in processing of texts/languages, which results in impeded working speed	

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**第二部分：其他支持延長作答時間的資料及佐證 (如適用)**

**Part 2: Other supporting information (if any)**

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**第三部分：結論**

**Part 3: Conclusion**

建議提供延長作答時間 ☐ 是  
Recommend extra time allowance in examination ☐ Yes

本人確定上述資料正確無誤。  
I confirm that the above information is accurate.

心理學家姓名 服務機構  
Name of Psychologist: \_\_\_\_\_ Organisation: \_\_\_\_\_

資歷 (例如：專業學會會員資格)  
Qualifications (e.g. professional membership): \_\_\_\_\_

考評局或會要求提供證明文件作核對用。The HKEAA may ask for documentary proof.

心理學家簽名 日期  
Signature of Psychologist: \_\_\_\_\_ Date: \_\_\_\_\_