School-based Speech Therapy Program (School Year 2023-2024)
Budget Proposal Form

Name of the organization: _____

Contact person: _____

Contact number: _____

(A) **Please '✓' in the appropriate box.**

☐ We would like to tender a quotation. *(Please fill in Part B)*

☐ We would not tender a quotation.

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(B) **Complete the form:**

Targets	Descriptions	Time slots	Content coverage	Provision of service (✓ / ×)	Unit price / hour (HK$)	Hours	Total (HK$)
Students	i. Provide one-to-one diagnostic assessment to students to identify their speech and language impairment and supply individual reports	9/2023	(a) State the speech and language impairment that each student is suffering from (b) Suggest follow-up services	_____	$ _____ / hour	5 hrs	$_____
	ii. Provide appropriate individual / group therapy to those students who are suffering from speech and language impairment	9/2023 to 7/2024	(a) Provide appropriate professional therapy to help the students to overcome their impairment (b) Parents are allowed to join their children's training sessions in which effective ways for assisting their children to overcome their impairment are suggested.	_____	$ _____ / hour	175 hrs	$_____

Targets	Descriptions	Time slots	Content coverage	Provision of service (✓ / ×)	Unit price / hour (HK$)	Hours	Total
Teachers	i. Co-plan with English teachers on enhancing students' speech and language development	9/2023 to 7/2024	Recommend appropriate approaches and provide teaching and learning materials to enhance students' speech and language development	_____	$ _____ / hour	1.5 hrs	$_____
	ii. Co-teach with the teachers to deliver the materials during regular English lessons			_____	$ _____ / hour	2.5 hrs	$_____
	iii. Conduct a teacher workshop to equip participants with practical means to enhance students' speech and language development according to the learning needs of students in the school	1/2024	Suggest effective strategies to enhance students' speech and language development	_____	$ _____ / hour	1 hr	$_____
						Grand Total:	$_____

<table>
<tr><th>Other Criteria</th><th>Particulars</th><th colspan="2">Please circle</th></tr>
<tr><td>1. The qualifications of the speech therapist(s):</td><td>Bachelor degree in speech and hearing science or related discipline

* Please provide relevant proof of qualification(s).</td><td colspan="2">Yes / No</td></tr>
<tr><td rowspan="2">2. Language mastered by the speech therapist(s)</td><td>i. Proficient in English</td><td>Spoken

Yes / No</td><td>Written

Yes / No</td></tr>
<tr><td>ii. Proficient in Chinese</td><td>Spoken

Yes / No</td><td>Written

Yes / No</td></tr>
<tr><td>3. Related working experience of the speech therapist(s):</td><td>i. Conducting speech therapy</td><td colspan="2">Yes / No

If yes, please specify the schools served with year:
1._____(-)
2._____(-)
3._____(-)
4._____(-)</td></tr>
</table>

	ii. Serving NCS schools with students mainly having South Asian countries as their places of origin	Yes / No If yes, please specify the schools served with year: 1. _____ (-) 2. _____ (-) 3. _____ (-) 4. _____ (-)
Other Criteria	**Particulars**	**Please circle**
4. Sexual Conviction Record Check	The therapist(s) has conducted the Check and is verified to be non-conviction.	Yes / No

Signature: _____

Name (Block letters): _____

Post: _____

Date: _____