

The EDB ITE section will arrange CoE school to conduct the on-site support.

2017/18 IT in Education Centre of Excellence (CoE) Scheme
On-site Support Services Application Form

Official Use:
CoE _____

1.	First time to apply for CoE On-site Support Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of teacher participants: _____ Proposed date of on-site support services Option 1* Date : _____ (Mon / Tue / Wed / Thu / Fri) Time : _____ AM / PM Option 2* Date : _____ (Mon / Tue / Wed / Thu / Fri) Time : _____ AM / PM Option 3* Date : _____ (Mon / Tue / Wed / Thu / Fri) Time : _____ AM / PM
2.	Options for On-site Support Services (Can choose ONLY one option from A, B, C or D) : ## Seconded teachers of CoE Scheme will contact the applicant to conduct a pre-meeting <input type="checkbox"/> A. Support School Staff Development Day (Seminar or workshop, about 2 to 3 hours, recommend to choose not more than three items) <input type="checkbox"/> Introduce how to use tablet computer Apps to facilitate classroom learning and teaching <input type="checkbox"/> Introduce how to use build-in functions of tablet computers to facilitate learning and teaching <input type="checkbox"/> Introduce how to use tablet computers to conduct mobile learning <input type="checkbox"/> Introduce how to use Learning Management System (LMS) / Cloud Services Please specify : _____ <input type="checkbox"/> Understand and handle e-safety issues (e.g. internet safety, healthy and ethical use of computing devices) <input type="checkbox"/> Introduce how to promote information literacy <input type="checkbox"/> Share experience for curriculum planning on e-learning <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> B. Pedagogical support for individual subject (Choose ONLY one) Please specify the class level: _____ <input type="checkbox"/> Chinese Language (Secondary) <input type="checkbox"/> Chinese Language (Primary) <input type="checkbox"/> Physical Education (Primary) <input type="checkbox"/> English Language (Secondary) <input type="checkbox"/> English Language (Primary) <input type="checkbox"/> Arts Education (Primary) <input type="checkbox"/> Mathematics (Secondary) <input type="checkbox"/> Mathematics (Primary) <input type="checkbox"/> Liberal Studies (Secondary) <input type="checkbox"/> General Studies (Primary) <input type="checkbox"/> Science and Technology (Secondary) <input type="checkbox"/> Personal, Social & Humanities Education (Secondary) <input type="checkbox"/> C. Introduce how to use IT to enhance the learning of students with special educational needs (SEN) (Seminar or workshop) <input type="checkbox"/> D. Technical Support <input type="checkbox"/> Support for implementation of BYOD <input type="checkbox"/> Support for setup of cloud services (e.g. Office 365, Google Education etc) Please specify: _____
3.	WiFi available at the venue? <input type="checkbox"/> Yes <input type="checkbox"/> No Tablet computers available? <input type="checkbox"/> Yes Please specify the model and number of tablet computers available: _____ <input type="checkbox"/> No
4.	Briefly describe difficulties encountered by school in implementing e-learning and also the expected outcomes of this on-site support activity

Name of School : _____ Primary Secondary Special School

Location : NTE NTW KT HK

Applicant : _____ (Name) _____ (Tel)

Email : _____

Name of School Head : _____

Signature of School Head : _____

Date : _____

School chop

* Please fax this application form to IT in Education Section of Education Bureau (Fax No. : 2382 4403) at **least TWO MONTHS** before the on-site support. For any enquiry, please contact Mr Lam (Tel: 3698 3669) or Mr Fan (Tel: 3698 4448).