

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

2018/19 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 (Please choose ONLY one option from A, B, C or D) : ## Seconded teachers of CoE Scheme will contact the applicant to conduct a pre-meeting for understanding of the school's situation. <input type="checkbox"/> A. Support School Staff Development Day (Seminar or workshop, about 2 to 3 hours, recommended to choose not more than three items) <input type="checkbox"/> Experience sharing on curriculum planning of e-learning <input type="checkbox"/> Using mobile computer device Apps to enhance classroom learning, teaching and assessment <input type="checkbox"/> Using mobile computer device build-in function to enhance learning and teaching <input type="checkbox"/> Using mobile computer device to conduct mobile learning <input type="checkbox"/> Using Learning Management System (LMS) / Cloud Services <input type="checkbox"/> Understanding and handling e-safety issues <input type="checkbox"/> Promoting Information Literacy and Creative Commons <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> B. Pedagogical support for individual subject (Please 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. Using 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 "Bring Your Own Device" (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 Mobile computer device 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 : _____

School Type : Primary Secondary Special School

Finance Type : Aided Government Direct Subsidy Scheme Caput

Location : NTE NTW K HK

Applicant : _____ (Mobile no.) _____

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 expected date of the on-site support services. For any enquiry, please contact Mr Fan Wing-yip (Tel: 3698 4448) or Ms Lau Hiu-ying, Maggie (Tel: 3698 3596).