



PRIVATE AND CONFIDENTIAL



STUDENT SUPPORT INDICATOR

This student learning support indicator must be completed by the student in the company of the trainer/assessor. The back page must be fully completed and signed by the RTO assessor and the student.

Please print the following details

Name of Student

Conducted by

(Print name of trainer and assessor)

Student Particulars

First name Last name

Address

..... Post code

Telephone number Date of birth/...../.....

Country of birth Language (s) spoken

Countries lived in for 6 months or more

.....

Left school at grade: Where attended school

Please list any certificates and/or other tertiary qualifications

.....

What are your hobbies / interests (football, fishing, netball, etc)?

.....

Are you aware of any known health/learning difficulties that may affect your study?

.....

Eyesight (circle) good / fair / poor

Hearing (circle) good / fair / poor

Approx - how much do you read everyday? (circle)

A lot	A fair bit	some	very little
20000 - 5000 words	5000 - 1000 words	1000 - 250 words	250 - 0 words

How do you rate your reading ability? (circle)

excellent / good / OK / not bad / poor

Do you sometimes have trouble with any of the following?

Recognising common words	-	yes / no	Remembering what you read	-	yes / no
Sounding out words	-	yes / no	Reading forms	-	yes / no
Reading too slowly	-	yes / no	Following directions	-	yes / no
Understanding what you read	-	yes / no	Following timetables	-	yes / no
Using a dictionary	-	yes / no	Reading a street directory	-	yes / no

Writing habits

Do you have trouble with any of these? (Circle those appropriate)

1 Filling in forms	6 Spelling
2 Writing notes and messages	7 Finding out the right words to use
3 Writing more than a sentence or two	8 Organising ideas
4 Writing an informal letter	9 Handwriting
5 Writing a business letter	

Maths

How do you rate yourself on these skills

	bad	below average	average	good	excellent
Adding					
Subtracting					
Multiplying					
Dividing					
Percentages					
Fractions					
Using a calculator					

When shopping, do you feel confident about getting the best value for money and getting the right change?

.....
.....
.....

TO BE COMPLETED BY THE TRAINER:

Please indicate below details of the student's ability to complete training program.

Comments

Does the student/trainee exhibit adequate levels of literacy & numeracy skills required to complete their training **at this stage**.

(Circle) YES / NO

Has a need for learning support been identified at this stage?

(Circle) YES / NO

Student Name _____
(Print)

(Signature)

Date / /

Assessor

(Print)

(Signature)

Date / /