

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

	(Drint name	of trainar and accessor	
	(Print name o	of trainer and assessor)	
Student Particulars	1		
First name		Last name	
Address			
		Post code	
Telephone number		Date of birth	//
Country of birth		Language (s) spoke	n
Countries lived in fo	or 6 months or more		

Please list any certificat	es and/or ot	her tertiary qua	llifications	
What are your hobbies				
Are you aware of any k			Ilties that may affect you	
	Eyesight	(circle) good	/ fair / poor	
	Hearing	(circle) good	/ fair / poor	
Approx how much do	you read ev	eryday? (circle)		
A lot		ir bit	some	very little
20000 - 5000 words	5000 - 1	000 words	1000 - 250 words	250 - 0 words
How do you rate your r	eading abilit	<u>y?</u> (circle)		
excellent /	good	/ ОК	/ not bad /	poor
Do you sometimes have	e trouble wit	h any of the foll	owing?	
Recognising common w	ords -	yes / no	Remembering what	you read - yes / no
Sounding out words	-	yes / no	Reading forms	- yes / no
Reading too slowly	-	yes / no	Following directions	s - yes / no
Understanding what yo	u read -	yes / no	Following timetable	s - yes / no
Using a dictionary	-	yes / no	Reading a street dir	ectory - yes / no
Writing habits				
Do you have trouble wi	th any of the	ese? (Circle thos	e appropriate)	
1 Filling in forms			6 Spelli	ng
2 Writing notes and messages		7 Finding out the right words to use		
3 Writing more than a s	entence or t	wo	8 Organising ideas	
4 Writing an informal le	etter		9 Hand	writing
5 Writing a business let	ter			

Maths

How do you rate yourself on these skills?

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

Using a calculator					
When shopping, do you fee					
TO BE COMPLETED BY THE TRAINE	R:				
Please indicate below detai	Is of the student's a	ability to complete	training program.		
<u>Comments</u>					
Does the student/trainee ex stage.	xhibit adequate lev	els of literacy & nu	meracy skills require	ed to complete the	ir training at this
(6:1-)	VEC	,	NO		
(Circle)	YES	/	NO		
Has a need for learning sup	port been identified	d at this stage?			
(Circle)	YES	/	NO		
Student Name _		(Print)			
-				Date /	/
		(Signatur	re)		

Assessor		
_	(Print)	Date / /
_	(Signature)	